Supervised Administration Of Methadone/Buprenorphine Community Pharmacy Guidelines

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Printed copies or those saved electronically must be checked to ensure they match the current on line version.
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1 Introduction

The strategies for targeting use and misuse of illicit substances recognises the role of the community pharmacist as becoming more central to the treatment needs of the substance misuse patient. Service provision through community pharmacy provides an invaluable opportunity to better serve the patient group who require substitute prescribing. The Service requires effective management and communication, which in turn will allow for a safe and secure service for the patient, key worker, prescriber and pharmacist. Supervision of consumption provides the best guarantee that a medicine is being taken as intended by the prescriber. Since the advent of supervised consumption, the number of drug-related deaths involving methadone has reduced. During this period more methadone has being prescribed, providing indirect evidence that supervising the consumption of medication may reduce diversion. The document Drug Misuse and Dependence UK Guidelines on Clinical Management 2007 (Department of Health) outlined the following recommendations:

“In most cases, new patients being prescribed methadone or buprenorphine should be required to take their daily doses under the direct supervision of a professional for a period of time that may be around three months, subject to assessment of patients’ compliance and individual circumstances. There may be variation in practice across the UK and a range of durations of supervised consumption is likely to be seen for different patients, ranging from just a couple of weeks in highly compliant patients to much longer in patients who fail to respond to conventional treatment. The clinical need for supervised consumption should be reviewed regularly and the decision on when to relax the requirement for supervised consumption is one for the individual clinician. When a patient restarts methadone or buprenorphine after a break, or receives a significant increase in the methadone dose, daily dispensing – ideally with supervised consumption – should be reinstated for a period of time agreed in local guidelines and protocols. In patients whose treatment is failing, a period in supervised consumption can improve life opportunities.”

The development of individual contracts between the patient, the key worker, the prescriber and the community pharmacist which recognises these issues, will be a mechanism for the effective management of this scheme. Community Pharmacists are in an ideal position to link in with the Community Substance Misuse Services/General Practitioners and meet the need for supervision of methadone/buprenorphine within local and National Treatment Agency Guidelines.

2 Purpose

The service aims to minimise the possibility of methadone or buprenorphine supplies finding their way onto the illicit market, without this being detrimental to patients’ participation and engagement in treatment. Some patients previously given a dose of methadone/buprenorphine to take away could not always be relied upon to consume it and therefore some medications became available to be shared or sold on the illicit market. Supervising methadone/buprenorphine to patients on a daily basis will help to reduce the illicit use of these agents.

Supervised consumption will promote daily contact with the community pharmacist which will allow the pharmacist to monitor for compliance, suspected drug/alcohol intake and
physical health. Feedback from the community pharmacy will contribute to the patients review by the Community Substance Misuse Services / GP.

Supervised consumption is normal practice when patients enter the treatment programme. Patients who remain stable on their prescribed treatment are trusted to accept responsibility for their personal dosage and may well be considered for take home doses. This would be a step by step process starting with take-out on a daily basis with the possibility of leading to twice weekly pickup. The Pharmacist and patient need to be aware that supervision may need to be reinstated at times of crises or relapse.

This specification outlines the procedures for carrying out the service and its administration. The specification outlines a four way agreement which highlights the responsibilities of the prescriber, pharmacist, key worker and patient. Community pharmacists must always be included as part of the shared care multi disciplinary team. As they often have daily contact with this patient group, their role and contribution to the treatment and care planning process is vital. The aim of the service specification and four way agreement (appendix 1) is to create a treatment pathway that:

- Is Multi-faceted, comprehensive and flexible, to respond to the range of needs of a heterogeneous substance misusing population.
- Includes all partners in an agreement that makes explicit roles and responsibilities.
- Provides support and appropriate levels of payment to pharmacists, reflecting their degree of participation.
- Gives patients an experience of being treated with respect and compassion, with treatment tailored to their individual needs.
- Is based upon good evidence based practice, with explicit minimum standards and robust systems of clinical governance.

3 Clinical Governance

Clinical Governance is a term used to describe a systematic approach to monitoring and continuously improving the quality of clinical interventions (Department of Health 1998). For the purpose of these guidelines, the following mechanism is in place:

- Clinicians working with drug misusers must be appropriately competent, and adequately trained.
- Services should be provided consistent with national guidance and principles, and in line with the evidence base.
- Annual audit and review cycle are in place.

The Shared Care Monitoring Group reviews all significant incidents, practice developments and training requirements and feeds into NHS Telford & Wrekin’s Quality Assurance Group and Care Quality Group.

Telford & Wrekin CSMS have updated clinical guidelines in the following areas:

- Safety & consent session for methadone/buprenorphine updated 2009 (appendix 2)
- Information about travelling with controlled drugs(appendix 9)
- Procedure for storage of medicine boxes. (contact CSMS for copy of policy)
- Information sheet on holiday prescriptions(appendix 10)
4 Acknowledgements

Thank you to the following people for their contribution to the development of these guidelines:

Barbara Jones: Team Manager, Portico House, Telford & Wrekin Council

Kate Halliday: Shared Care Co-ordinator, Telford & Wrekin Council

Dr Sally Bailey: NHS Telford & Wrekin

Lindsey Huxtable: Team Manager, Matthew Webb House, Telford & Wrekin Council

Hitesh Patel: Pharmaceutical Advisor, NHS Telford & Wrekin

Claire Kelly: Community Pharmacy Co-ordinator, NHS Telford & Wrekin
Acknowledgement is also made to the following document used for reference:-

**West of Berkshire PCTs Shared Care Guidelines for the management and care of Drug Misuse in General Practice**

Other sources of information include:-

**The National Treatment Agency** tel: 0207 972 1999 [www.nta.nhs.uk](http://www.nta.nhs.uk) has links to the relevant areas of the Department of Health website. The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

**Substance Misuse Management in General Practice** [www.smmgp.co.uk](http://www.smmgp.co.uk) includes many other useful website links. Substance Misuse Management in General Practice (SMMGP) is a developing network to support GPs & other members of the primary health care team who work with substance misuse in the UK.

**Drug scope** tel: 0207 520 7550 [www.drugscope.org.uk](http://www.drugscope.org.uk) Drug Scope is the UK’s leading independent centre of information and expertise on drugs. Our aim is to inform policy development and reduce drug-related harms – to individuals, families and communities.

**The Alliance** tel: 02083744395 [www.m-alliance.org.uk](http://www.m-alliance.org.uk) provides advice and information on user networks and advocacy. The Alliance is a user led organisation which provides advocacy, training and helpline services to those currently in drug treatment, those who have accessed drug treatment in the past and those who may access drug treatment in the future.

**The National Pharmacy Association (NPA)** tel: 01727 832 161 [www.npa.co.uk](http://www.npa.co.uk) is the trade association for the UK’s community pharmacy owners and has virtually all community pharmacies in voluntary membership. The Association provides its members with professional and commercial support as well as representing the interests of community pharmacy in dialogue with Government both at a national and European level.

**The Hepatitis C Trust** tel: 0207 089 6220 [www.hepctrust.org.uk](http://www.hepctrust.org.uk) The Hepatitis C Trust is the national UK charity for hepatitis C and has been operating since 2001. It is an entirely patient-led and patient-run organisation: its entire staff, both paid and voluntary, either has hepatitis C or has had it and has cleared it after treatment. **Helpline tel: 0845 223 4424**

[www.talktofrank.com](http://www.talktofrank.com) tel: 0800 77 66 00 txt 82111 [www.drugs.homeoffice.gov.uk](http://www.drugs.homeoffice.gov.uk) This website provides drugs professionals with the latest news and guidance from government about the drug strategy. **Tel: 0207 035 4848**

Local policies, procedures and further guidance can be sought at [www.telfordpct.nhs.uk](http://www.telfordpct.nhs.uk) and [www.telford.gov](http://www.telford.gov)
5 The Alliance Patients Charter

1. Treatment is a partnership between patients and their treatment plan. People should be actively involved in planning their own treatment and decisions about which treatment or treatments best meet their need should be taken jointly.

2. Patients should be informed of all the potential therapies and treatments that are available for the treatment of their condition. Recognised substitution medications that are approved in the 2009 Clinical Guidelines should not be withheld where they are appropriate.

3. As well as providing help to those who wish to abstain from drug use, services should also be able to assist those users who wish to reduce the harm that may be caused by their dependency and to stabilise their substance use. No single treatment outcome should be expected from all Patients.

4. Urine specimens and other samples should only be taken in private, if at all, and their results should only be assessed in terms of treatment progress rather than being used punitively. Observed urination is undignified and unnecessary and should no longer be necessary now that other techniques are available, for example, mouth swabs.

5. Disciplinary discharge for missed appointments or non-compliance with medication is a punitive sanction, and other ways should be found to address such issues. Patients facing disciplinary discharge should be offered mediation to resolve the problem. Any decision to discharge a patient should be reviewed by the full clinical team.

6. Patients have the right to be independent, locally-based advocacy services. All NHS Services must provide effective independent advocacy and mediation services as laid down in the Health and Social Care Bill 2001.

7. Patients have the right to be actively involved in designing, locating and staffing the services that provide them with care.

8. Patients should be represented on committees that monitor service standards and development. Patients should also be represented on their provider’s Clinical Governance Group and at DAT and DRG level.

9. Services treating drug dependency should work closely with services treating people with blood borne viruses. This ensures that individual patient care is integrated and draws on the resources of both clinical teams.

Reference: The Alliance, Room 32, Bloomsbury Street, London, WC1B 3QJ
Helpline: 0845 122 8608 available 10-5pm weekdays, except bank holidays
Email info@m-alliance.org.uk
6 The Role and Responsibilities of the Prescriber

As the Prescriber your role and responsibilities are:-

1. The prescriber will reach an agreement with the patient that methadone/buprenorphine will be dispensed at a designated pharmacy where dispensing and supervision of the methadone/buprenorphine will be overseen by the pharmacist or a pharmacy technician who has fulfilled the required accreditation process.

2. The prescriber/representative will negotiate the most convenient/suitable pharmacy to provide this service with the patient. Without exception, the pharmacist will be contacted by telephone, in advance, by the specialist prescribing service/GP surgery to discuss the needs and dispensing arrangements and to establish a convenient time for the patient to make their first visit to the pharmacy (this applies to both new patients and patients who re-present).
   - During the initial telephone discussion made between prescriber and pharmacist to arrange the patient’s attendance at the pharmacy, a method of identifying the patient should be agreed that is satisfactory to the patient, prescriber and pharmacist.

3. If the pharmacy accepts the patient, the clinic/GP surgery will inform the pharmacist of dose and pickup arrangements by telephone in the first instance and this will be followed up with a letter of introduction which will be given to each new patient to present to the pharmacist (appendix 3).

4. Prescriptions from the GPs will normally be delivered by hand, by the patient, to the pharmacy. Prescriptions from the specialist prescribing services will be either delivered by hand by the patient, or delivered by hand by a service representative. If a prescription is posted it will be sent by recorded delivery with the pharmacy receiving a fax to confirm this is happening. All Pharmacists will receive a pharmacy fax back form with the requirement that this will be sent to the designated CSMS to confirm receipt of prescription (appendix 4).

5. The prescriber/key worker will agree to inform and explain to the pharmacist if the regular methadone or buprenorphine prescription is not being continued.

6. The prescriber/key worker should ensure that the patient is aware that information may be shared with other professionals where appropriate to their care.

7. The prescriber/key worker will inform the patient that in order to confirm their identity appropriate personal identification must be taken to the pharmacy at each visit.

8. If the prescriber is not the patients GP, the specialist prescribing service will inform the GP with the details of what medication is being prescribed.

9. The CSMS will offer methadone safety boxes to all patients who have take home doses of methadone/buprenorphine where there are children within the home environment. Further details available via CSMS.

10. The prescriber/key worker should inform the patient that they will be required to sign a Four Way Agreement jointly with the pharmacist, Key worker and Prescriber.
7 The Role and Responsibilities of the Pharmacist

Each pharmacy will aim to have a maximum number of patients on the substitute prescribing programme. This will be dependant on pharmacies capacity to ensure a safe and effective service for its patients. Their may be occasions where a pharmacy will be approached by CSMS/prescriber to take on a patient that has enrolled onto the treatment programme over and above what they would normally accept. The decision to take on such patients will be taken by the pharmacist in charge.

As the Pharmacist dispensing to the patient your role and responsibilities are to:-

1. Treat the patient with honesty, compassion, trust and respect.

2. Agree to dispense to the patient as per their treatment and care plan.

3. Ensure that any written records are securely stored and computerised records are covered by the Data Protection Act.

4. Address the patients general health needs as appropriate and refer to the prescriber any requests for help that you are unwilling or unable to meet.

5. Counsel where appropriate and emphasise the risks of opiate overdose, especially following reduced tolerance if doses are missed or when alcohol or other drugs are taken at the same time.

6. Ensure that all staff are aware of complications involved with advising patients of over the counter medication and that any requests for analgesics containing codeine must be reported to the pharmacist prior to sale.

7. Emphasize the importance of storing Opioid and all other medicines safely and securely to avoid any risk of diversion of the drugs and particularly to ensure that all medicines are stored safely out of reach of children. Where appropriate please consider the Methadone safety box policy. Available via CSMS.

8. The accredited pharmacist has a duty to ensure that staff involved in the provision of the service are operating within an agreed standard operating procedure which incorporates all aspects of the enhanced service specification.

9. The pharmacy should ensure that they have nominated service leads to facilitate the delivery of supervised consumption.

7.1 Pharmacy – Patient Introduction and Administration Forms

1. When the patient arrives at the pharmacy the pharmacist will check the details of the introduction letter, (appendix 3) check prescription(s), are valid and annotate the fax back form (appendix 4). If there is concern about the identity of the patient the prescriber or Key Worker should be contacted immediately.

2. The pharmacist will present the agreement form (appendix 6) to the patient and explain that on site behaviour MUST be within the guidelines of the signed
agreement and each party will treat the other with dignity and respect. Both Pharmacist and patient will sign it in the spaces provided and agree the following areas:

a. Patients must always attend with suitable documentation to confirm their identity.
b. Method of supervision and dispensing.
c. Agreed mutually convenient times of dispensing and of the need to attend alone for supervised consumption services.
d. Missed supervised doses cannot and will not be dispensed at a later date.
e. Methadone will not be dispensed if the patient has missed three or more consecutive dosages. The patient will be referred back to the prescriber.
f. Patient should be advised to not bring opened containers of drinks into the pharmacy.
g. Patient agrees to never attend for treatment whilst under the influence of alcohol or other intoxicating substance.

3. Enter the details of the prescription onto the NHS Telford and Wrekin Supervised Methadone/Buprenorphine Consumption Scheme Claim Form (appendix 5). If the instalment prescription has been terminated for whatever reason, the pharmacist should make a clear note on the instalment prescription indicating 'no further doses to be dispensed on this prescription'. The pharmacy should claim for any doses already dispensed.

4. Standard Operating Procedures should be in place for all permanent and locum staff in order that effective clinical governance is implemented for the safety of the patient and good practice of each pharmacy. A copy of this guidance document should be included with the appropriate SOP’s and documentation given to locum pharmacists brought in to cover holidays or other absences.

5. There are strict rules governing the writing of prescriptions for medicines controlled under the Misuse of Drugs legislation. Accountable officers are responsible for ensuring compliance with misuse of drugs legislation and the safe, effective management of controlled drugs with their organisations and within services they contract. They play a key role in monitoring systems, auditing controlled drug management, inspecting, and investigating and taking appropriate action where concerns are raised. If a prescriber has concerns about pharmacists dispensing controlled drug prescriptions or if pharmacists have concerns about the prescribing of controlled drugs then they should report their concerns to the accountable officer.

7.2 Dispensary Procedures

1. The pharmacist will introduce the patient to key members of staff within the dispensary to promote familiarity and continuity of service in the event of employing any locum staff.

2. The prescription will be presented to the patient for his/her signature and will be checked for quantities and patient details. The patient’s personal identification will be checked.
3. Register the patient on the Patient Medical Record (PMR) system. Enter prescription details as per your standard operating procedures for instalment prescriptions.

4. Supervised consumption should not take place in the dispensary or shop area. A designated area offering suitable privacy should be used.

5. All occasions on which the patient fails to attend or if the dose is refused should be recorded on the prescription and recorded on pharmacy non-collect form to fax to CSMS for their information. (appendix 12)

6. Liaise with the key worker or prescriber where appropriate to discuss the progress of the patient and contribute to the review process if required.

7.3 Situations Arising

The key-worker or prescribing agency must be contacted at the earliest opportunity if any of the following circumstances occur. Wherever possible the pharmacist should report these situations immediately by fax using the appropriate documentation and follow up with a telephone call to ensure an effective communication relay.

a. Following three sequential missed doses or frequent single missed doses.
   - A pharmacy non-collect form must be used to record all frequent single doses missed (appendix 11). It is accepted that this form may be faxed back to CSMS monthly for their records.
   - If 3 consecutive doses are missed a significant incident form must be completed (appendix 7). This must be faxed back to CSMS at the end of the working day that the 3rd dose is missed. Do not wait until after a weekend or bank holiday to send this report.

b. If the patient is not consuming the full dose of medication. *(Note any remainder needs to be treated as a patient returned controlled drug (CD). Discard as per your Standard Operating Procedures and record appropriately in your patient CD returns record. Additionally, this should be treated as a significant event. (appendix 7).*

c. Any breach of the supervised administration agreement or unacceptable behaviour when visiting the pharmacy must be reported to the CSMS using the significant event form (appendix 7) giving full details.

d. If the patient attends the pharmacy and is suspected to be under the influence of alcohol or other intoxicating substance, the dose should not be dispensed. The final decision to dispense rests with the Pharmacist. The patient should be referred back to the prescriber as soon as possible using a significant event form (appendix 7) detailing concerns and whether any doses were refused or not issued.

e. Any evidence of increasing or decreasing health, emotional or other problems that you feel may be significantly affecting the patient’s wellbeing should be reported to the CSMS. (appendix 7)
f. Any requests for help that the pharmacist is unwilling or unable to meet should be reported to CSMS immediately giving details of any other services you have signposted or referred the patient to. (appendix 7)

g. Methadone/Buprenorphine which is not prescribed on a supervised basis may only be dispensed at the discretion of the Pharmacist. The patient should collect their prescription in person. In exceptional circumstances medication can be issued at the patients written request to an other suitably identifiable ‘named’ person. It is expected that this will rarely be necessary and the pharmacist will inform the prescriber/key worker that this has occurred by completing the ‘non-collect form’. (appendix 12)

- This is not a significant event as the issue of any medication to a third party remains at the discretion of the pharmacist. However as the patient is not collecting their medication themselves, it is important to inform the prescriber and or key worker of any circumstances when the patient cannot attend themselves.

7.4 Good Practice Guidance for dispensing Methadone

Daily doses should be prepared in advance and stored in the controlled drugs cabinet to avoid undue delay when the patient presents in the pharmacy. If doses are subsequently not collected, the patients medication record will need to be amended to reflect the non collection.

Daily doses should be prepared as follows:

- Accurately measure, double-check (ideally by another member of staff) and dispense in a suitable container in accordance with your Standard Operating Procedure (SOP).
- Attach dispensing label to container detailing patient name, directions, quantity and date of dispensing. Initial label and have preparation double checked against prescription where possible.
- Take home doses must be fitted with child-resistant closures.
- Prescriptions should be initialled at the time of collection/supervision
- Unless a take-home dose is required, the methadone must be consumed on the premises under the supervision of a pharmacist (or pharmacy technician who has achieved appropriate accreditation). This should ideally take place in a quiet private area; it must not take place in the dispensary.
- The patient's identity should be checked before the dose is administered. The patient should be asked to check the name, quantity and dose on the label(s) before receiving the medication. The methadone may be poured into a disposable cup, which should be given to the patient. The pharmacist must be satisfied that the dose has actually been swallowed, either by observing water being swallowed after the dose, or by conversing with the patient to ensure that the methadone is not retained in the mouth. All containers must be rinsed and have the label removed before they are disposed of.
All daily dispensing must be entered in the controlled drug register on the day of supply. At present a running balance is not legally required however this is now strongly recommended and regarded as good practice.

For those pharmacies that do keep a running balance, regular stock checks should be carried out to take account of any overage received in the original container.

Care should be taken to ensure the correct formulation (sugar free/ containing sugar) is dispensed. Controlled drug records of each formulation should be kept separately.

7.5 Good Practice Guidance for dispensing Buprenorphine

Buprenorphine refers to buprenorphine products licensed for the treatment of drug misuse, for example Subutex®

Daily doses should be prepared in advance and stored in the Controlled Drugs cabinet to avoid undue delay when the patient presents in the pharmacy. If doses are not collected the patient’s medication record will require to be amended to reflect the non-collection.

Daily doses should be prepared as follows:

- Dispense each day’s dose into a box (separate boxes should be used for a dose made up of multiple tablet strengths).
- Attach dispensing label(s) to box(es) detailing patient name, directions, quantity and date of dispensing. If more than one box is supplied then labels should reflect quantity i.e. 1 of 2, 2 of 2.
- The pharmacist should mark the date and quantity dispensed on the prescription at the time of dispensing. Leave blank when doses have not yet been prepared. Prescriptions should be initialled at the time of collection/supervision. Legally no entries are required in the controlled drug register although this is considered to be good practice. Each supply should be recorded on the patient’s electronic medical record and in accordance with your SOPs.
- A drink should be available for the patient to moisten the mouth prior to dispensing buprenorphine and again after the tablet has completely dissolved to refresh the mouth. A drink should never be offered during dosing. All cups should be rinsed and disposed of.
- The patient’s identity should be checked prior to administering any dose. The patient should be asked to check the name, quantity and dose on the label(s) before receiving the medication.
- Either the pharmacist pops the tablets out of the blister pack into a pot or on to the patient’s hand.
- The tablets should be placed under the tongue and left to dissolve. The patient should swallow as little as possible in that time as any swallowed drug is inactivated. The patient should remain in the pharmacy for between 3-5 minutes, and possibly longer if required, until the sublingual tablets have completely dissolved. The pharmacist should be aware of the patient during this time and check they are alright.
- Initial the prescription at the time of collection/supervised self-administration.
• Before leaving the premises, the patient must satisfy the pharmacist that the tablet(s) has (have) dissolved and not been concealed in the mouth. This can involve, talking with the patient, offer water if required or where appropriate requesting to look under the tongue.

• Dispensed boxes should have the dispensing labels removed and destroyed before disposal.

8 The Role and Responsibilities of the Patient

As the patient your responsibilities are:-

1 The patient is responsible for delivering their introductory letter (appendix 3) Four Way Agreement, (appendix 1) and current prescription to the pharmacist on the first visit along with one other form of identification e.g., driving license or benefit payment book.

2 The patient will agree to and sign the Patient/Pharmacy supervised administration agreement (appendix 6). The patient will conduct themselves in accordance with the details of the signed agreement and agree to treat all professionals involved in their care plan with courtesy and respect.

3 The patient will observe the rules of the services used e.g. not using drugs or alcohol on the premises and observing equal opportunities and no smoking policies.

4 The patient will always carry personal identification when picking up medication in case you are not known to the pharmacist in charge. Your documentation will be requested to confirm your identity.

5 Patients are expected to behave lawfully and appropriately within the pharmacy at all times. Should they not do so, the pharmacist would not be expected to continue dispensing medication to the patient and the prescriber will be informed. Unlawful behaviour will inevitably involve the local authorities being informed and may result in prosecution.

6 Unless there are other health matters you wish to discuss or other shopping needs, after having the medication the patient should leave the premises and the immediate area around the pharmacy.

7 Patients should attend the premises alone, and not bring anything to eat or drink into the pharmacy.

8 Patients are responsible for attending for their medication as detailed on the prescription.

9 Under exceptional circumstances, at the discretion of the pharmacist and only on the written request from the patient, medication may be given to a third party if it is not prescribed on a supervised basis. The pharmacist will inform the prescriber should this ever occur.

10 The patient will report any undesirable side effects of the medication to their key worker, Prescriber or pharmacist at their earliest opportunity.

11 The patient will agree to avoid excessive alcohol intake and refrain from using or attempting to purchase any analgesics containing codeine.

12 The patient will inform those involved if they are unable or late in attending for their appointments or medication.
9 The Role and Responsibilities of the Community Substance Misuse Service

9.1 Specialist Service Key Worker

As the specialist service key worker you will:-

- Treat the patient with honesty, compassion, trust and respect.
- Ensure the patient has been fully informed about confidentiality and necessary safety and consent forms for methadone/buprenorphine. Ensure that proformas are completed to allow information sharing between all parties involved in their care.
- Ensure patient is registered with a GP. For patients without a GP, to work with the patient and if necessary the PCT in finding a GP.
- Carry out the initial assessment including risk assessment.
- Determine suitability for prescribing. Give the patient relevant drug information. Explain the possible side-effects of the medication and emphasise the importance of regular dosing and attendance.
- Ensure that the patient has nominated a pharmacy who is willing to participate in their care.
- Liaise with the GP and the pharmacist on the patient’s behalf by fax, telephone or email at intervals as the need dictates.
- Advise the prescriber and pharmacist on monitoring the patient’s response to prescribed medication.
- Carry out any ongoing specialist input including ongoing support, one to one work, care plan reviews and monitoring.
- Give information about the duty service at the Community Substance Misuse Service which provides a duty worker who can answer queries between 9.00am and 5.00pm on Mondays to Fridays (excluding bank holidays)
- Where patients wish to change, or have already changed, to another GP and/or pharmacy, ensure that patients are assisted in the process.
- Ensure any written records are securely stored and computerised records are covered by the Data Protection Act. Data collection will be anonymised (according to the National Drug Treatment Monitoring System guidelines) to ensure individual patients cannot be identified.
- Discuss the suitability for prescribing with patients
- Discuss and negotiate the care plan and treatment goals with patients
- Inform and liaise with the patient’s prescriber to organise the delivery of treatment and care plan.
- Support patients, the prescriber and their pharmacist in how best to achieve progress in the patient’s individual care plan.
- Give support through one to one work, counselling and health education, e.g. risk of overdose, substances to avoid etc
- Discuss with patients other service options which may be appropriate for them.
• Liaise with the prescriber on a regular basis as determined by the patient’s care plan and at a minimum of once every three months, when their treatment is to be reviewed (process to be reviewed).

• Liaise regularly with the pharmacist about the patient’s prescribing regime as per their care plan and at a minimum of once every three months.

9.2 Discontinuation of Treatment

Prescriptions cease for a variety of reasons successful end of treatment, moved to another area, hospitalisation, banning from service, imprisonment etc. It will be the responsibility of the Community Substance Misuse Service to inform pharmacies whenever this occurs.
Appendix 1 – Four Way Agreement and Safety Session Leaflets

I have read and understood the Methadone Consent Form

Client Name: ......................................................
Signature: ......................................................
Date: ......................................................
Contact Tel No: ......................................................

Key Worker’s Name: ......................................................
Signature: ......................................................
Date: ......................................................
Contact Tel No: ......................................................

Prescriber’s Name: ......................................................
Signature: ......................................................
Date: ......................................................
Contact Tel No: ......................................................

Pharmacist’s Name: ......................................................
Signature: ......................................................
Date: ......................................................
Contact Tel No: ......................................................

Useful Telephone Numbers
FRANK 0800 776 600
Narcotics Anonymous 01952 243705 or 07815903859
New House Drug and Alcohol Unit Available 24hrs for help and advice 01743 492009
One of the aims of prescribing this medication is to help you stop using street drugs. If you are not achieving this there may be a review of your treatment plan.

**Confidentiality**

Information you give us will not be shared with any other agency or individual without your permission, unless there are exceptional circumstances e.g.

- There are serious concerns about your safety or the safety of others.
- There are concerns that a child is at risk.

If your treatment is part of a court order (DRR), or you are part of the Bridge Project we are be obliged to share information with Probation and the police.

We will share some information with your General Practitioner - such as details of any physical or psychological problems which may require further help and information about any drugs which this service prescribes.

Information relevant to your prescription and safety will be shared with the pharmacist.

**Conditions of the Methadone Programme**

To begin with (for at least 3-6 months) you agree to drink your methadone in front of the pharmacist every day.

You will have regular appointments with a key worker and the doctor. You need to keep all these appointments in order to collect your prescription.

You agree to provide urine samples and mouth swabs when requested. These should not be tampered with in any way.

Your prescription is your responsibility; if it is lost or stolen it **will not** be replaced.

If you do not collect your prescription for three days in a row, it will be stopped and you will need to see the Prescriber before it can be restarted.

You should notify the DVLA that you are taking methadone.

**Taking Methadone Home**

After a period of time, usually around 3 months, it may be possible for you to take some of your methadone home if:

- You are not taking street drugs and you have provided three drug free samples.
- You are attending your appointments with your doctor and your key worker.
- The amount of methadone you take home is safe (usually less than 300mls) and you can keep it stored safely.
- There are no risk factors such as alcohol use, high dose benzodiazepine use, and other health problems.

We are able to arrange prescriptions to cover holiday breaks once you are stable on your methadone but **only if you give us enough notice** (that is at least two weeks in the UK and four weeks if your holiday is abroad).

**At the Pharmacy**

You will need to speak to your pharmacist about the dispensing of your prescription, and agree a time for you to collect your medication in person.

In some instances it may be possible to organise other pick up arrangements but these need to be discussed with your key worker and prescriber and put in writing to the pharmacist.

If you appear to be intoxicated or sedated, you will not be seen and the pharmacist will not be able to dispense your methadone.

**Agreement**

I have read and understood the safety information form and have completed the safety session with my worker.

I understand and agree to all the conditions in this consent form. I also understand that failure to comply with any of the conditions may result in an end to my treatment on this methadone programme.
I have read and understood the Buprenorphine Consent Form

Client Name: .................................................................
Signature: .................................................................
Date: ...........................................................................
Contact Tel No: ...........................................................

Key Worker’s Name: ......................................................
Signature: .................................................................
Date: ...........................................................................
Contact Tel No: ...........................................................

Prescriber’s Name: ........................................................
Signature: .................................................................
Date: ...........................................................................
Contact Tel No: ...........................................................

Pharmacist’s Name: ......................................................
Signature: .................................................................
Date: ...........................................................................
Contact Tel No: ...........................................................

Useful Telephone Numbers
FRANK 0800 776 600
Narcotics Anonymous 01952 243705 or 07815903859
New House Drug and Alcohol Unit Available 24hrs for help and advice 01743 492009

Matthew Webb House
High Street
Dawley, Telford
TF4 2EX
Tel: 01952 381730
Fax: 01952 381731

Portico House
22 Vineyard Road
Wellington, Telford
TF1 1HB
Tel: 01952 381777
Fax: 01952 381750
One of the aims of prescribing this medication is to help you stop using street drugs. If you are not achieving this there may be a review of your treatment plan.

Confidentiality

Information you give us will not be shared with any other agency or individual without your permission, unless there are exceptional circumstances e.g.

- There are serious concerns about your safety or the safety of others.
- There are concerns that a child is at risk.

If your treatment is part of a court order (DRR), or you are part of the Bridge Project we are obliged to share information with Probation and the police.

We will share some information with your General Practitioner - such as details of any physical or psychological problems which may require further help and information about any drugs which this service prescribes.

Information relevant to your prescription and safety will be shared with the pharmacist.

Conditions of the Buprenorphine Programme

To begin with (for at least 3-6 months) you agree to take your Buprenorphine in front of the pharmacist every day. You understand that you will be expected to wait until the tablet(s) have dissolved and that this can take up to 10 minutes.

You will have regular appointments with a key worker and the doctor. You need to keep all these appointments in order to collect your prescription.

You agree to provide urine samples and mouth swabs when requested. These should not be tampered with in any way.

Your prescription is your responsibility; if it is lost or stolen it will not be replaced.

If you do not collect your prescription for three days in a row, it will be stopped and you will need to see the Prescriber before it can be restarted.

You should notify the DVLA that you are taking Buprenorphine.

Taking Buprenorphine Home

After a period of time, usually around 3 months, it may be possible for you to take some of your Buprenorphine home if:

- You are not taking street drugs and you have provided three drug free samples.
- You are attending your appointments with your doctor and your key worker.
- The amount of Buprenorphine you take home is safe and you can keep it stored safely.
- There are no risk factors such as alcohol use, high dose benzodiazepine use, and other health problems.

We are able to arrange prescriptions to cover holiday breaks once you are stable on your Buprenorphine but only if you give us enough notice (that is at least two weeks in the UK and four weeks if your holiday is abroad).

At the Pharmacy

You will need to speak to your pharmacist about the dispensing of your prescription, and agree a time for you to collect your medication in person.

In some instances it may be possible to organise other pick up arrangements but these need to be discussed with your key worker and prescriber and put in writing to the pharmacist.

If you appear to be intoxicated or sedated, you will not be seen and the pharmacist will not be able to dispense your Buprenorphine.

Agreement

I have read and understood the safety information form and have completed the safety session with my worker.

I understand and agree to all the conditions in this consent form. I also understand that failure to comply with any of the conditions may result in an end to my treatment on this Buprenorphine programme.
I have read and understood the Safety Methadone Form

Client Name: ........................................

Signature: ........................................

Key Worker's Name: ........................................

Signature: ........................................

Date: ........................................

Useful Telephone Numbers:
FRANK 0800 776 600
Narcotics Anonymous 01952 243705 or 07815903859
New House Drug and Alcohol Unit Available 24hrs for help and advice 01743 492009

Telford & Wrekin
Community Substance Misuse Team
Safety Session
METHADONE

Matthew Webb House
High Street
Dawley, Telford
TF4 2EX
Tel: 01952 381730
Fax: 01952 381731

Portico House
22 Vineyard Road
Wellington, Telford
TF1 1HB
Tel: 01952 381777
Fax: 01952 381750
Your first dose of methadone should:

- Stop you from feeling the worst of withdrawals
- Not make you drowsy

But: remember, it takes 3-4 days for methadone to take full effect

Overdose

Using heroin, alcohol or other sedatives (such as Temazepam, or Diazepam) on top of methadone is risky and may cause overdose. If you do use other drugs or alcohol as well as methadone, be very careful how much you use (see the overdose leaflet).

If you don’t take your methadone every day, your tolerance goes down, and the chance of overdose goes up. Because of this, if you miss three doses in a row your prescription will stop and you will have to see the Doctor. Your methadone will be started again from a lower dose and gradually increased to the right level for you.

Storage

It is really important that you store your methadone well out of the reach of children. A dose as little as 10mg may be enough to kill a small child.

Please ask your keyworker for a lockable storage box for your methadone, or make sure you store it in a locked cupboard.

Side Effects

The side effects for Methadone are similar to those for heroin: constipation, sweating, itching, small pupils, dry mouth, headache and nausea are all possible effects.

Women's Health

Some women who use methadone report reduced or absent periods. It is still possible to become pregnant even if periods have stopped. Women who do become pregnant should not suddenly stop taking methadone. It is very important to inform the GP and prescribing doctor if you think you may be pregnant.

Sexual Health

We recommend you have regular checks and advice regarding contraception and safe sex. Your keyworker or clinic nurse can give you more details.

Health Matters

Hepatitis and HIV

We strongly recommend you to have tests and immunizations to reduce the risk of blood borne viruses and their complications. Your keyworker or clinic nurse can give you more details.

Driving

If you have a drivers licence or apply for one you must disclose your methadone use to the Drivers Medical Group of the DVLA (Driver Vehicle Licensing Authority). Failure to do so is a criminal offence and punishable by a fine of up to £1,000. It is a criminal offence to drive while unfit through any drug use.

Lost, stolen, sold methadone

Unlawful supply of methadone is a criminal offence. If you sell or give your methadone to any one else you are breaking the law, you are putting someone else’s life at risk and your prescription will be stopped.

Once you have collected your prescription it is your responsibility. For safety reasons methadone or prescriptions for methadone will not be replaced.
I have read and understood the Safety Buprenorphine Form

Client Name: ..........................................................

Signature: ..........................................................

Key Worker's Name: ..................................................

Signature: ..........................................................

Date: ..........................................................

Useful Telephone Numbers
FRANK 0800 776 600
Narcotics Anonymous 01952 243705 or 07815903859
New House Drug and Alcohol Unit Available 24hrs for help and advice 01743 492009

Matthew Webb House
High Street
Dawley, Telford
TF4 2EX
Tel: 01952 381730
Fax: 01952 381731

Portico House
22 Vineyard Road
Wellington, Telford
TF1 1HB
Tel: 01952 381777
Fax: 01952 381750
Your first dose of Buprenorphine should:

- Stop you from feeling the worst of withdrawals
- Not make you drowsy

You will be asked to wait at least 8 hours after taking heroin before taking your first dose of buprenorphine. If you take buprenorphine too soon you may go into withdrawal.

Buprenorphine tablets should be dissolved and the tablets only work if dissolved under the tongue. Underneath the tongue the skin is very thin and there are many blood vessels that can absorb buprenorphine very quickly and effectively. Buprenorphine does NOT have any effect at all if you chew or swallow it.

Buprenorphine should be taken at the same time each day to help stabilise and stop you craving heroin. Some of the effects come on within 30-60 minutes and the full effects are usually felt after 2-4 hours.

Overdose
Using heroin, alcohol or other sedatives (such as Temazepam, or Diazepam) on top of buprenorphine is risky and may cause overdose. If you do use other drugs or alcohol as well as buprenorphine, be very careful how much you use (see the overdose leaflet).

If you don’t take your buprenorphine every day, your tolerance goes down, and the chance of overdose goes up. Because of this, if you miss three doses in a row your prescription will stop and you will have to see the Doctor. Your buprenorphine will be started again from a lower dose and gradually increased to the right level for you.

Storage
It is really important that you store your buprenorphine well out of the reach of children. A small dose may be enough to kill a small child. If a child accidently swallows buprenorphine take them to a doctor or hospital immediately.

Please ask your keyworker for a lockable storage box for your buprenorphine, or make sure you store it in a locked cupboard.

Side Effects
The side effects for buprenorphine are similar to those for heroin: constipation, sweating, itching, small pupils, dry mouth, headache and nausea are all possible effects.

Women’s Health
Some women who use buprenorphine report reduced or absent periods. It is still possible to become pregnant even if periods have stopped. Women who do become pregnant should not suddenly stop taking buprenorphine. It is very important to inform the GP and prescribing doctor if you think you may be pregnant.

Sexual Health
We recommend you have regular checks and advice regarding contraception and safe sex. Your keyworker or clinic nurse can give you more details.

Health Matters
Hepatitis and HIV
We strongly recommend you to have tests and immunisations to reduce the risk of blood borne viruses and their complications. Your keyworker or clinic nurse can give you more details.

Driving
If you have a drivers licence or apply for one you must disclose your buprenorphine use to the Drivers Medical Group of the DVLA (Driver Vehicle Licensing Authority). Failure to do so is a criminal offence and punishable by a fine of up to £1,000. It is a criminal offence to drive while unfit through any drug use.

Lost, stolen, sold buprenorphine
Unlawful supply of buprenorphine is a criminal offence. If you sell or give your buprenorphine to any one else you are breaking the law, you are putting someone else’s life at risk and your prescription will be stopped.

Once you have collected your script it is your responsibility. For safety reasons buprenorphine or prescriptions for buprenorphine will not be replaced.
Appendix 2 - Important Additional Information Sheet

(TO BE USED IN CONJUNCTION WITH THE CONSENT FORM & SAFETY SESSION)

Your Key worker will:-

- Discuss your suitability for care with you.
- Discuss and negotiate your care plan and treatment goals with you.
- Inform and liaise with your GP to organise the delivery of your treatment and care plan.
- Support you, your GP and your pharmacist in how best to progress with your individual care plan.
- Give support through one to one work including advice on how to stay safe.
- Discuss with you other service options which may be appropriate for you.
- Liaise with your prescriber and pharmacist on a regular basis as determined by your care plan.

Your Prescriber will:-

- Provide treatment for your drug dependency.
- Be involved in developing your individual care plan and setting your treatment goals.
- Meet with you at least every three months.

Your Pharmacist will:-

- Provide a discreet area for the supervised dispensing of your medication.
- Negotiate a mutually convenient time for you to collect your medication and inform you of the opening times of the pharmacy, including arrangements for weekends and bank holidays.
- As far as possible will have your medication ready for you when you attend the pharmacy, will check your identity and ensure that you have taken the medication appropriately.
- Keep a record of your attendance and report all absences as instructed.
- Dispense your medication in strict accordance with the prescription and allow you to check the name, quantity and dose on the label before taking the drug.
- Liaise when necessary with your Prescriber and key worker e.g. if you do not attend the pharmacy for three or more days, if you attend intoxicated or when concerned about your health and/or well-being.
- Attend professionally to your continuing health needs by providing health promotion and education.
- The pharmacist will not be able to dispense your methadone if you have not received your prescription.
- If you do not collect your prescription for three or more days your tolerance may have dropped therefore your treatment will stop and you will need to be reassessed.
Appendix 3 – Pharmacy Letter of Introduction

Paul Taylor, Head of Service
Housing Needs & Community Care
Adult & Consumer Care Portfolio
Telford & Wrekin Community Substance Misuse Service
Portico House
22 Vineyard Road
Wellington
Telford
TF1 1HB

Tel: +44 (0)1952 381777
Fax: +44 (0)1952 381750

Dear Pharmacist,

This letter is to introduce to you a patient from the Community Substance Misuse Team.

The patient will be receiving Methadone or Buprenorphine to be consumed in your pharmacy on the designated days.

Patient name and contact number:
Patient date of birth:

Key worker name and contact number:

Prescriber name & contact number:

Start date at pharmacy:

Drug Details:
Medication:
Daily dose:
Pick up Regime:

Community Substance Misuse Team

If you have any queries, please contact the COMMUNITY SUBSTANCE MISUSE SERVICES on 01952 381777
Dear Pharmacist
In order to help us track methadone prescriptions and ensure we do not lose any, please will you (1) check the prescriptions you have received in this envelope, (2) confirm you have received each prescription on the form below and (3) fax it back to us on the above number.
Thank you for your co-operation.

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<th>Name</th>
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Signed:                                                        Print Name:
Appendix 5 – Pharmacy Claim Form

NHS Telford and Wrekin / Telford and Wrekin Drug & Alcohol Action Team
Supervised Methadone / Subutex Consumption Scheme Claim Form

| Pharmacy Name: | Month: | Year: |
| Pharmacy Address: | | |
| Point of Contact: | Tel NO: | |

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<tr>
<th>Patient Initials</th>
<th>D.O.B.</th>
<th>Prescriber</th>
<th>Prescription Number</th>
<th>Start Date</th>
<th>Number of Doses Claimed</th>
<th>Amount Claimed (x £1.50 per Dose)</th>
<th>Number Missed Doses</th>
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</tbody>
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Total

Signed by the pharmacist ____________________ Print name ______________________ Date: _______________ Claims are subject to audit

Please return completed form by the 8th day of following month to:
Wendy Condlyffe-Phipps, Joint Commissioner, Telford and Wrekin Joint Commissioning Team, 1st Floor, The Wrekin Housing Trust, Colliers Way, Old Park, Telford, Shropshire TF3 4AW
Clarification of payment arrangements for supervision

1. On the first day of dispensing a new prescription fill out patient initials, DOB, prescriber, prescription number and start date on the Supervised Methadone / Buprenorphine Consumption Scheme Claim Form.

2. For a standard 14 day prescription, fees claimed is 12 x £1.50 (this payment is for 2x 6 supervisions, payable whether Patient attends or not).

3. In the case of a shorter prescription, fees are claimed for the possible days of supervision (i.e. for a 4 day prescription, claim 4 days unless one of the days is a Sunday, in which case claim for 3 days).

4. If an existing prescription is superseded by a new prescription, (e.g. due an increase or decrease of dose) then count for the number of possible days for the first prescription (see point 2).

5. For bank holidays, claim as in points 2 or 3.

*Please note that payments are generated for SUPERVISION only. Therefore you may only claim for 14 days supervision if your premises are licensed to be open on a Sunday and the patient has been supervised for 14 days.*
Appendix 6 - Patient/Pharmacy Agreement Form

Supervised Administration of Methadone/Buprenorphine
Patient/pharmacy Agreement Form

Patient Agrees to

- Ensure that any new prescriptions issued are presented to the pharmacy as early as possible.
- Drink the methadone in front of the pharmacist/suitably trained pharmacy technician (or if taking buprenorphine, allow the tablet to dissolve under the tongue)
- Attend the pharmacy daily between the agreed times
- Attend alone
- Not attend under the influence of alcohol or drugs
- Not allow other people to attend the pharmacy on your behalf unless previously arranged with the prescriber and agreed by the pharmacist.
- *Not to enter the pharmacy carrying a weapon. If a person is found to be in possession of a weapon the contract will be terminated.*
- Be aware that the pharmacist may have to pass on necessary information about your care to the prescriber / key worker on a need to know basis
- Attend the clinic for reassessment if you miss picking up your medication for three consecutive days
- Treat the pharmacy staff with dignity and respect

Pharmacist Agrees to

- Wherever possible provide a confidential/private area for your methadone/buprenorphine supervision
- Keep records of your supervised consumption and take home doses
- Dispense your medication in accordance with your prescription (NB: missed doses cannot and will not be dispensed at a later date)
- Liaise with your prescriber/key worker with regards to your care
- Refer you back to the prescriber and not dispense any medication if three or more consecutive days have been missed
- Refer you back to the prescriber and not dispense any medication if you present intoxicated.
- Not dispense medication to representative unless previously arranged with prescriber and previously agreed by the pharmacist.
- Provide advice/information on reducing harm
- Treat the patient with dignity and respect

Patient’s name ................................................. Pharmacist .................................

Signed ......................................................... Signed ...........................................

Dated .......................................................... Dated ............................................
Appendix 7 - Significant Incident Report Form

Pharmacist name and pharmacy stamp: ____________________________

Date of incident: ____________________________

Patient Name: ____________________________

Date of Birth: ____________________________

Key Worker: ____________________________

Brief details of incident (e.g. Patient failed to pick-up dose, Patient looked unwell, Patient showing improvements in health, pharmacist refused to dispense dose etc.): ____________________________

COMMUNITY SUBSTANCE MISUSE SERVICES / Prescriber response to incident:

____________________________________________________

Please fax this form to the Community Substance Misuse Services
Portico house on 01952 381750 or Matthew Webb House 01952 381731
Appendix 8 – Care Pathway for Supervised Consumption

**Supervision of Methadone/Buprenorphine**

**Patient pathway**

↓

**Patient Enters into Treatment Services**

↓

**After Assessment Patient to Enter into Methadone/Buprenorphine Programme. Four Way Agreement is Introduced.**

↓

**Pharmacy is Contacted by Specialist Prescriber/GP**

↓

**Patient Presents at Pharmacy with Letter of Introduction**

↓

**Pharmacist and Patient Sign Agreement**

↓

**Pharmacist has Query Regarding Prescription**

‘Phone key worker/prescriber

↓

**Pharmacist Completes Data Collection Form**

↓

**Pharmacist Submits the Forms for Payment:**

(by 8th of each month)
Appendix 9 - Information about Travelling with Controlled Drugs

Some prescription medicines, such as morphine, pethidine, and methadone are classified as controlled drugs. As these medicines are sometimes misused, they have stricter legal controls on their supply to prevent them being obtained illegally.

If you have been prescribed a controlled drug, there are some additional regulations that govern how the medicine can be supplied to you that are important for you to know.

**What are the special regulations?**

These include regulations regarding who can prescribe the controlled medicine. Doctors, dentists, and some specially trained nurses, and pharmacists, are allowed to prescribe them. Midwives may also use a limited range of controlled medicines.

There are also legal controls regarding how the prescription is written, and how much of the medicine may be prescribed at a time.

The pharmacist must follow special regulations for the storage of controlled drugs, and must make a record of the prescription in a controlled drugs register. They must also check that the prescription is correctly written before supplying the medicine. The prescription may need to be re-written if it is not legally correct.

**Are there any special regulations for patients?**

If you are collecting schedule 2 controlled drugs, such as morphine, or pethidine, from the pharmacy, you will be asked to show proof of your identity - for example, a driving license, or your passport. You will also need to sign the back of your prescription. To collect a schedule three controlled drug, such as flunitrazepam, you will just need to sign the prescription.

You must ensure that all controlled drugs are properly and safely stored at home, and if you carry them around, you must always ensure the safety of others. It is very important that medicines are never given to anyone other than the person for whom they are intended.

**Travelling abroad**

If you are travelling abroad for a period of over three months, you will need to have a personal licence for carrying controlled drugs. It is important to be aware of the following points:

- Your doctor must support applications for a licence.
- You should allow 10 days for the application to be processed
- Controlled drugs licences do not have any legal status.
A personal licence has no legal status outside of the UK, and is intended to help you pass through UK Customs with your controlled drugs. Therefore, it is recommended that you contact the Embassy, High Consulate, or High Commission of the country that you are visiting (or any country that you are travelling through) to see what their local policy is regarding the importation of controlled drugs.

If you are staying in a country outside the UK for more than three months, you should register with a doctor in that country so that you can receive further prescriptions.

You controlled drugs should be:

- carried in the original packaging,
- carried in your hand luggage (BAA, or airline regulations, permitting),
- carried with a valid personal import/export licence - only applicable if travelling for more than three months (see above), and carried with a letter from the prescribing doctor confirming the carrier's name, destination, and drug details (including amounts).

For further information and enquiries about personal licences for controlled drugs, you can contact the Home Office, Drugs Branch (telephone number: 020 7035 0486 / 0487), or you can visit their website. See the 'further information' section for details.

Countries such as India, Pakistan, and Turkey, have lists of certain medicines that they will not allow in the country. Before travelling, it is therefore worth visiting the UK Foreign and Commonwealth (FCO) website in order to obtain a full list of embassy contact details. You can also refer to the Department of Health's advice for travellers:

**Personal Licences**

Travellers carrying prescribed drugs controlled under Schedules 1, 2, 3 and 4 Part I to The Misuse of Drugs Regulations 2001 may require a personal licence.

If you are travelling for **over three months, or are carrying more than 3 months' supply of prescribed controlled drug medication**, either abroad or to the United Kingdom, you will need a personal export/import licence.

Please apply at least 10 working days in advance of your date of travel. If you are applying from overseas you should allow more time for your application to be processed and for the licence to be posted to you.

You will need to provide the following documents in support of an application for a personal export/import licence:

- a completed [application form for a personal export/import licence](http://drugs.homeoffice.gov.uk/drugs-laws/licensing/personal/)
- a letter from your prescribing doctor or drug worker

If you are travelling for **three months or fewer** you will not need a personal export/import license.
Appendix 10 - Holiday Prescriptions

Holiday Prescriptions

If you are planning a holiday and are prescribed methadone or subutex, please talk with your Key worker and Prescribing Doctor as soon as possible.

The decision to provide you with a holiday prescription is based on your safety and the safety of others - if you are struggling to gain control over your drug use, we will not automatically issue a holiday prescription.

Holidays in the UK
If you are planning a holiday in the UK and are on supervised consumption, it may be possible to arrange for this to be continued at a pharmacy where you are taking your holiday if we can identify a pharmacist who agrees to take you on.

We will need two weeks notice to arrange this.

Holidays Abroad
It is not possible to provide a holiday prescription to take abroad if you are on supervised consumption. Please don’t pay for a holiday before checking out with us that we are prepared to provide you with a holiday prescription. If we have agreed to provide you with a holiday prescription to travel abroad, you will need to do the following;

Before travelling abroad:
- Check with the embassy or consulate of the countries you plan to visit or travel through to find out if they allow methadone (or subutex) to be taken into the country
- If you are travelling for more than 28 days, obtain a personal export licence from Home Office Drugs Licensing. Your key worker will help you obtain this but 4 weeks notice will be required
- If you are travelling for more than 3 months, you should register with a Doctor in the country you are visiting

When travelling abroad:
- Take a letter from your prescriber confirming your name, destination and details and amounts of medication. Please give us two weeks notice if you require a letter
- Meet the airlines requirements regarding volumes of liquids in hand luggage
- Take medicines in their original packaging.

Holiday prescriptions will not be given:
- Without two weeks notice
- If you have recently started treatment
- If you are not on a stable dose
- If there is an unstable pattern of drug use
## Appendix 11 - Pharmacy Non-Collect Form

<table>
<thead>
<tr>
<th>Patient Name</th>
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<tbody>
<tr>
<td>Date of Birth</td>
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</tr>
<tr>
<td>Key Worker</td>
<td></td>
</tr>
<tr>
<td>Team Base Portico/Matthew Webb</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Pharmacy Address</th>
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<table>
<thead>
<tr>
<th>Date patient failed to collect</th>
<th>Pharmacist on duty</th>
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If 3 consecutive doses have been missed please complete a significant incident form
Fax to Community Substance Misuse Service at Portico House on 01952 381750
Or to Matthew Webb on 01952 381731