Substance misuse is a significant issue in Scotland for individuals, communities and services. This is the first of two articles outlining the role of pharmacy in the provision of services to people with substance misuse problems. It provides an outline of integrated drug services in Lothian, the role of the Specialist Pharmacist in Substance Misuse and work that the current post-holder is taking forward. The results of a community pharmacy training needs survey, recently undertaken in Lothian, will be discussed in a future article.

Integrated Drug Services

Across Scotland, Drug and Alcohol Action Teams (DAATs) have been set up to work at a local level to help achieve the aims set out in the Scottish Executive’s national strategies on drugs and alcohol. There are four DAATs in Lothian – East Lothian, West Lothian, Midlothian and Edinburgh City. Each DAAT brings together senior representatives from police, social work, education, health and the voluntary sector to tackle local problems arising from drug and alcohol misuse, by monitoring and co-ordinating existing services and arranging for new services if they are needed. The term ‘Integrated Care’ for drug users describes an approach that seeks to combine and co-ordinate all the services required to meet the assessed needs of the individual.

Substitute Prescribing Services

Methadone is the most commonly prescribed substitution medication for opioid dependence. In Lothian, methadone is prescribed by both specialist drug services, such as the Community Drug Problem Service (CDPS), the Harm Reduction Team (HRT), the Regional Infectious Diseases Unit (RIDU), the Drug Treatment and Testing Order (DTTO), Help for Young People in Edinburgh (HYPE), and by General Practitioners. Prescribing of methadone also takes place at specialist locality drug clinics.

There is a shared care approach in Lothian whereby GPs usually take over the prescribing of methadone from specialist services after patients have been stabilised on a dose of methadone. In Lothian most GPs who prescribe methadone do so as part of the enhanced service to drug misusers within the GMS contract. The enhanced service is monitored by the Primary Care Facilitator Team (PCFT) at the Spittal Street Centre. The PCFT provides practices with support, training and advice, as well as written feedback and practice visits.

Role of Pharmacy

To support primary care and specialist drug services in the delivery of safe, accessible substitute prescribing, pharmacy have a key role and have a significant place in the pathway of care for drug users. Pharmacies which provide dispensing and supervision services aim to ensure compliance with the agreed treatment plan, improve retention in treatment by providing instalment dispensing, ensure each supervised dose is correctly administered to the patient it was intended for and reduce diversion of prescribed medicines onto the illicit market. Supervised self-administration of methadone is one of the locally negotiated pharmacy services currently provided to drug users in NHS Lothian by 142 pharmacies (80% of total). The primary care contracts team maintains a list of community pharmacies registered in each scheme.

National strategy documents, including the Scottish Executive’s ‘Prevention and Treatment of Substance Misuse’ recognise that pharmacists make a significant contribution to the prevention and treatment of substance misuse, and the opportunities to improve and develop these services. The introduction of the new community pharmacy contract provides an opportunity for the pharmacy profession to review these enhanced services in partnership with community pharmacists, to continue to improve the quality of services provided to drug users.

Reference

The Specialist Pharmacist in Substance Misuse

Elaine Rankine  
Specialist Pharmacist in Substance Misuse, NHS Lothian

Elaine took up this part-time post in January 2006. Funding has been secured to fund this post on a full-time basis from April 2007. This post differs from previous pharmacist posts at CDPS, as the focus is on contributing at a strategic and operational planning level within NHS Lothian, Substance Misuse Directorate, DAATs and Community Pharmacy Services. Elaine’s role is to lead, co-ordinate and improve the quality of pharmacy services to patients with substance misuse problems, and to help to minimise risk. Partnership working at a national level is mainly through the Scottish Specialist Pharmacists in Substance Misuse Group, which allows for networking, information sharing and contributing to developments at a national level.

During the past year Elaine has developed links with a number of local groups and services including DAATs, NHS Lothian, Supervised Consumption of Methadone in Lothian Group, Area Pharmaceutical Committee, Pharmacy Implementation and Negotiation Group, Primary Care Facilitator Team, prison services and the Forensic Medical Examiner Service. These links have allowed her to develop networks and learn about services provided by other agencies such as social work and voluntary agencies, and provided her with the opportunity to highlight pharmacy’s role in provision of services to people with substance misuse problems. Elaine works closely with Mandy Hart, a pharmacist based at the Methadone Titration Clinic, CDPS.

Liaison with the above groups has enabled contribution to the following:

- Development of a NHS Lothian Drug ‘Opiate Treatment Programme’ Strategy Review paper is underway and will be presented to the Lothian NHS Board. This review highlights capacity and funding issues for substitute prescribing, dispensing, and supervision services, which are a result of the significant year-on-year increase in the number of patients in treatment, and recommends the need for investment in training, support and monitoring for pharmacists.

- Multiprofessional review of the ‘Guidelines for Methadone Supervision by Community Pharmacists’, which is currently underway and should be completed by Summer 2007.

- Development of the Patient Information Leaflet regarding the safe and secure storage of methadone in the home.

- Reviewing clinical governance and risk management systems to ensure lessons are learned from medication incidents and to ensure adherence with medicines policies and changes in the Misuse of Drugs Regulations.

Contact Elaine  
elaine.rankine@lpct.scot.nhs.uk  
0131 537 8345

Contact Mandy  
amanda.hart@lpct.scot.nhs.uk.

Work Plan

- Develop standards and a service specification for locally enhanced services for drug users within the new community pharmacy contract.
- Contribute to the pharmaceutical care services plan in Lothian which will allow us to identify gaps in service provision and develop a plan to address these.
- Develop monitoring and evaluation systems for community pharmacies, and identify the resources required to roll this out.
- Contribute to the development of a strategy and governance framework for use by non-medical prescribers within substance misuse services.

Further information is available from the following websites:

- www.drugmisuse.isdscotland.org
- www.actionalcoholdrugsedinburgh.org
- www.eastlothian.gov.uk
- www.midlothian.gov.uk
- www.westlothian.gov.uk
- www.knowthescore.info
- www.sdf.org.uk
- www.drugscope.org.uk

Thanks to Elaine Rankine, Specialist Pharmacist in Substance Misuse, NHS Lothian.
Two recent NHS Circulars are worth noting. One provided an update on the rollout of the new community pharmacy including dates for the introduction of the Acute and Chronic Medication Services (AMS and CMS) and the other information on NHS publicity materials for the Minor Ailment Service MAS.1,2

**AMS and CMS**
AMS and CMS require the electronic transmission of prescriptions (ETP) by GP and community pharmacy systems. All GP practices in Scotland will have ETP functionality from April 2007. Pharmacy specifications for eAMS have been provided to all pharmacy system suppliers and contractors should have ETP/eAMS functionality from September 2007 onwards. System suppliers will advise on timelines for eCMS functionality but the requirement is for it to be in place by April 2008.

**MAS**
Two posters and an initial supply of 300 patient information leaflets are to be distributed directly to GP practices and community pharmacies. Community pharmacy contractors may only issue or display the materials in respect of MAS.

**References**

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**Did you know…**
there were 81,000 registrations for eMAS in Lothian up to the end of October 2006?

**Thanks to Louise Galloway, ePharmacy Facilitator, NHS Lothian.**

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**Funding bids invited for the continued development of community pharmacy premises**

Pharmacies were informed by letter in December 2006 that a further allocation of funding to NHS Lothian was anticipated in 2007/08 to continue the development of community pharmacy premises. The letter invited pharmacies to bid for funding and was accompanied by a funding application pack.

Consideration will be given to the following:

- Consultation areas
- Security
- Disability Discrimination Act issues
- Any other innovative schemes in preparation for the new contract or in line with ‘The Right Medicine – a Strategy for Pharmaceutical Care in Scotland’ (for example substance misuse service facilities).

Each application will be considered on its own merits and, if successful, up to 67% funding may be offered with a percentage contribution of no less than 33% by the contractor.

Bids will also be looked at in the light of the ‘Scottish Health Planning Note 36 Part 3 Community Pharmacy Premises in Scotland’ (draft, September 2006), which is available on the Health Facilities Scotland website at www.hfs.scot.nhs.uk/guest/Consultation/Pharmacy.pdf.

If you require any detailed advice or assistance on technical issues and/or compliance issues raised by the Disability Discrimination Act you may wish to contact Ron Finlay, the Board’s Property Adviser, before taking any action. Ron can be contacted by ☎ 0131 537 6815 or ✉️ ron.finlay@lpct.scot.nhs.uk.

Please submit proposals by the end of April 2007 to:
Claire Murphy, Contractor Support Officer, NHS Lothian Primary Care Contractor Organisation, Stevenson House, 555 Gorgie Road, Edinburgh, EH11 3LG.

**Thanks to Claire Murphy, Contractor Support Officer, NHS Lothian Primary Care Contractor Organisation.**
Oxygen therapy and the risk of fire

As head of Community Safety within Lothian and Borders Fire and Rescue Service I am hoping this short article might bring my concerns to your attention. As pharmacists you will be involved with patients who receive oxygen therapy as a part of their treatment. Young or old, these people are at an increased risk from fire for a number of reasons. Fire relies on three things to exist - fuel, oxygen and an ignition source. These three sides make up the triangle of fire.

So why does being on oxygen therapy increase the risk?

- The higher the content of oxygen in the atmosphere (up to an upper limit) the more intense the fire. So that gives us the oxygen
- As patients use the oxygen it is quite easy to enrich the seat they are sitting on or the clothes they are wearing. So we now have an easily ignited fuel
- Many people on oxygen therapy are heavy smokers. Bringing medical oxygen into the home may be essential for the survival of the patient but it is likely that they will continue to smoke. Thus giving us a cigarette or lighter as our ignition source.

The triangle of fire is now complete…

The way to control this risk is twofold:
Firstly - increase the knowledge and understanding of the person using the oxygen and
Secondly - fit fire safety protection in their home.

This is where my service comes in. Our staff are trained to give the best advice possible to the public who are, or live with, oxygen therapy users. They can help make sure they understand the risks and how to avoid injury. They can fit smoke detectors within their homes and generally assist with improving safety.

Best of all, they can do it all for free as part of our free Home Safety Check programme.

Pharmacists can recommend this service to patients, who can contact us on ☎ 0800 169 0320.

Calls will be taken by a member of staff 24 hours a day, or if we cannot personally deal with a call because of operational activity, there is a simple answerphone service where name, address and telephone contact details for the person using oxygen can be left.

I hope you can encourage patients to take advantage of the service we offer as I know from personal experience that tragedies do happen.

Please recommend this service to patients – their calls make all the difference.

Thanks to Kenneth McKim, Head of Community Safety, Lothian & Borders Fire and Rescue Service.

Lothian Pharmacy News now on the internet

Pharmacy News is now available on the Community Pharmacy website at www.communitypharmacy.scot.nhs.uk/HealthBoards/lothian.html

If you have any comments on Pharmacy News, or wish to contribute to a future issue, please email: anne.gilchrist@lpct.scot.nhs.uk