COMMUNITY PHARMACY GUIDANCE FOR THE DELIVERY OF SUBSTANCE MISUSE SERVICES

Specialist Pharmacists in Substance Misuse, NHS Grampian

VERSION 1.0
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1. Introduction

This document is intended as an information and support tool for community pharmacies contracted to provide substance misuse services in line with the appropriate NHSG Service Level Agreement (SLA). It contains specific sections to aid the completion of Patient Clinical Care Records in addition to legislative guidance and advice on the dispensing and supervision of associated medicines. It aims to support community pharmacies in fulfilling their role as part of the multi-disciplinary integrated team involved in the care of people who use drugs.

2. Background

In Grampian as in many other areas, drug misuse presents significant risks to both personal and public health. The community pharmacy team has an important role to play in:

- Providing non-judgemental support, advice and information during each patient’s recovery journey
- Dispensing and supervising prescribed drugs such as Opioid Replacement Therapies (ORT) e.g. methadone and buprenorphine and providing appropriate associated clinical interventions
- Providing patients with factual advice on risks of overdose and how to minimise these
- Delivering or signposting patients to naloxone training
- Making supplies of naloxone by PGD as part of NHS Grampian’s “Naloxone Take Home Programme” where local need is identified (level 2 service)
- Providing patients with factual advice and information on Public Health issues including sexual health and reducing the risk of acquiring blood borne viruses
- Providing basic advice on safer injecting and signposting clients to the nearest available pharmacy or specialist needle exchange service where not available onsite
- Delivering the full Injecting Equipment Provision (needle exchange) service where a local need is identified (level 2 service)
- Undertaking a prescribing role where local need is identified (level 2 service)
- Providing general health advice and treatment via Pharmacy core national and local services as appropriate
- Where unregistered, signposting patients to local general medical or dental services
- Offering support with smoking cessation where appropriate

Aspects of service provision are divided into level 1 and level 2 services as outlined in the SLA.
3. Requirements for delivering the service

In order for the pharmacy to deliver the SLA they should ensure that appropriate facilities are available to provide a private area for the consultation of patients. Patients undergoing treatment for substance misuse issues are often stigmatised within communities and can be affected by multiple stressors including histories of abuse, breakdown of family relationships, practical issues such as housing, income and employment and often have little self worth. Pharmacies should endeavour to provide an environment where patients are respected, their potential problems given due consideration and are supported towards recovery.

Contractors participating in the delivery of community pharmacy substance misuse services are responsible for ensuring pharmacy staff are sufficiently competent in delivering the SLA. Pharmacists must have completed NHS Education Scotland training packs/online resources “Pharmaceutical Care in Substance Misuse” and “Child Protection.” They should be familiar with current UK clinical guidance. Of specific note is “Drug Misuse and Dependence: UK guidelines on clinical management” (link in Section 11). Chapter 5 contains specific information on pharmacological interventions however the resource provides information on many issues which may arise including pregnant patients, blood borne viruses and driving considerations. Pharmacy support staff should be encouraged and supported to undertake the NES training modules described.

4. What does the service involve?

4.1. For new patients, each patient’s clinician will forward key information using the New Patient Information Form (Appendix 2). This will contain a brief outline of the proposed treatment plan and any key issues of note to assist pharmacists and pharmacy staff in the management of patients. The sharing of this type of information will be new to both pharmacists and clinicians and it may be necessary to prompt the clinician for this information if it has not been supplied. Email should be utilised for communication to provide an audit trail although telephone contact may initially be required for urgent queries requiring rapid resolution.

4.2. For every patient a Pharmacy Treatment Agreement should be completed and a copy supplied to the patient. A template is provided (Appendix 3) which pharmacies may either use in the current format or adapt to suit their service so long as all points are covered. This should be used as a prompt for discussion rather than the patient being asked to read and sign. Remember, not all patients will have good literacy skills.

4.3. Pharmacists will start a Patient Clinical Care Record (Appendix 4) for every patient whether they are new to the pharmacy or an existing patient. The record is a brief note of any key interventions, issues or discussions that take place. It will be informed by the Patient Checklist (Appendix 5) and should be completed for both “supervised” and “take home” patients. It is recommended that the record is held electronically. The Patient Clinical Care Record will form the basis of feedback on patient progress to the prescriber or CPN at their request using the Action Request Form (Appendix 6).

The first page of the record consists of questions which should be covered in the early attendances of a patient when they are new to a pharmacy. Questions 1 and 2 need only be completed for
patients who are completely new to Opioid Replacement Therapy (methadone/buprenorphine product) or who are being re-titrated after a break in treatment. Subsequent pages should be used to free type any key interventions, outcomes and progress updates which occur in the course of patient interaction. Information need not be recorded on a daily basis, rather when there is something of note to record.

4.4. The Patient Checklist is a list of key interventions that should be covered during the course of every patient’s treatment. The priorities of each section will vary at different stages of treatment, e.g. “Section D: Change of dispensing arrangements” is unlikely to be covered in the first three months of treatment. When the patient checklist highlights that an intervention is required, the intervention and resolution or outcome should be recorded in the Pharmacy Patient Care Record.

5. Information to accompany the Patient Checklist and inform the Patient Clinical Care Record

5.1. Information to be covered during pharmacy visits

The following information expands on points of the checklist which may require clarification. Not all checklist points are listed. When discussing points with patients it is important to consider each patient’s literacy. Some patients will struggle to read and/or understand printed materials such as Patient Information Leaflets and key messages should be reinforced verbally.

- **Have you received a New Patient Information Form from the key clinician?**

Pharmacists should receive information on each patient’s treatment plan before or in the early stages of a patient attending a new pharmacy. If this has not been received the pharmacist should contact the clinician to discuss/request.

- **Discuss content of Treatment Agreement and sign**

See also section 4.2. Pharmacies should provide the service for the entirety of their contracted opening hours. Due to the potentially chaotic nature of patients particularly in the early stages of treatment, pharmacies are discouraged from stipulating times during which the patient must attend for methadone. To assist in workload management pharmacy staff and the patient may discuss hours which may be better to avoid e.g. particularly busy times, but these should not be restrictive to the patient accessing their medication.

- **Take photograph/ask for photographic id**

This is a clinical governance consideration aimed at reducing the opportunity for error i.e. somebody other than the patient receiving the medication. All staff, including locums should be shown how to access photo id.

- **Provide Patient Information Leaflet for the drug(s) they are receiving**

Patients should be provided with appropriate verbal advice and information on the medications they are taking. This should be reinforced with written materials such as the relevant patient information leaflet for the drug(s) they are receiving. [www.patient.co.uk](http://www.patient.co.uk) is a useful reference
source. Employing both methods will increase the likelihood of patients understanding their medication.

- **Advise patient to take dose(s) at roughly the same time each day**

This may help reduce fluctuation in blood levels of the prescribed drug especially in initial stages of treatment and where patients are prescribed lower doses of medication thus reducing the occurrence of adverse effects such as over-sedation or symptoms of withdrawal.

- **Discuss signs and symptoms of overdose and naloxone**

The signs and symptoms of overdose should be covered early in treatment. Titration using methadone carries an increased risk of overdose due to the long acting nature of the drug and the potential for patients “topping up” with illicit opioids where they are not yet stabilised on a sufficient dose to counter symptoms of withdrawal. Due to their partial antagonistic effects, buprenorphine containing products such as Suboxone® and Subutex® may not carry as high a risk of overdose as methadone however a risk remains especially where the patient is taking additional respiratory depressants such as illicit opioids, benzodiazepines and alcohol.

Key signs and symptoms of overdose to discuss are:
- Person cannot be roused on firm shoulder shake and use of voice
- Presence of a rasping/snoring sound. This is quite distinct from regular snoring but a key sign that the patient is in respiratory distress. This sign is often missed where it has been mistakenly thought that the individual is “sleeping it off” and are left to sleep and has resulted in fatalities.
- Slow/absent breathing
- Lips blue

Note pinpoint pupils are likely to be present to some extent in all patients who have taken opioid drugs whether illicit or prescribed and in isolation are not a sign of overdose. The symptoms listed above are clearer indicators of opioid overdose requiring attention.

There are specific factors which increase the risk of overdose. These should act as a prompt to pharmacists to reinforce this information and encourage patients to undertake overdose awareness and naloxone administration training.

Risk factors include (but are not limited to):
- Poly drug and/or alcohol misuse. This may be prescribed or illicit
- Reduced tolerance. Examples include:
  - Following a series of missed doses or during titration
  - Immediately following opioid detoxification
  - On release from prison or discharge from hospital, particularly after a drug related admission
- During times of emotional stress e.g. breakdown of relationships, debt or housing concerns
- Holidays e.g. Christmas when many support services are closed. These can be particularly vulnerable times for patients who may have lost contact or have poor relationships with friends and family, lack support and feel isolated and/or regretful.
- Injecting alone (nobody to help)
- During periods of physical or mental health illness
- Older drug users are more at risk than their younger counterparts

Patients may be signposted for overdose awareness/Naloxone Take Home training which is currently available from:
- All multi-disciplinary teams across Grampian specialist substance misuse services
- Drugs Action, 7 Hadden Street, Aberdeen
- Northern Horizons, 9 St Peter Street, Peterhead
- Northern Horizons, Outpatients Dept, Chalmers Hospital, Banff
- Studio 8, 73 High Street, Elgin

Leaflets are available from the Health Information Resources Service. Further information can be found at [www.naloxone.org.uk](http://www.naloxone.org.uk). (Will include a “naloxone finder” tool in the near future.)

- **Advise on safe storage of take away doses**

As with all medicines patients should be advised to keep medicines out of reach of children and any medication dispensed into child proof containers should remain in these containers. NHSG Health Information Resources stock some supporting information including warning sticky labels which can be ordered. As of March 2015 a pilot is underway in Aberdeen City to supply patients in contact with children with a locked box in which to store their medication.

- **Dental health advice**

Advice should be given on:
- drinking water after consuming methadone or rinsing the mouth - for patients who consume their methadone onsite, water should be provided
- chewing gum to return mouth pH to normal
- not brushing the teeth for at least 30 minutes after methadone consumption

Patients should be encouraged to register with a dentist and attend regularly for checkups and dental health treatment as required. The Dental Advice Line - 0845 45 65 990 – is manned by registered dental nurses and provides advice and information on where and how to register with a dentist and other oral health advice. A leaflet “Methadone and Oral Health” is available from NHSG Health Information Resources Service.

5.2. **Information on prescribing/dispensing Opioid Replacement Therapies**

**Methadone**

The following is not intended as a comprehensive guide to prescribing/dispensing methadone but aims to provide information to assist in the clinical assessment of prescriptions. Where there are concerns regarding the content of a prescription, the prescriber should be contacted. Drug Misuse and Dependence: UK guidelines on clinical management contains additional information on pharmacological management of opioid dependence.
For patients who are new to methadone or who have returned after a break in treatment the following points must be taken into consideration:

- Patients should be commenced on methadone at the beginning of the week to allow time for tolerance to develop prior to the first take home dose being dispensed to cover pharmacy closure on Sunday. In Grampian, specialist services are closed at the weekend which may pose more of a problem should treatment issues arise. If the prescription starts towards the end of the week without prior communication, the prescriber should be contacted to discuss the reasoning and ensure they are aware of this risk.

- Most commonly, starting doses will range from 10 - 30mg. As a general rule of thumb, prescribers are advised to “start low and go slow.” Dose increases should be no greater than 5-10mg in any 24 hours and no greater than 30mg in a week. The prescriber must review the patient between dose increases.

- The average dose range for a stable patient will generally fall between 60mg and 120mg but higher doses may be necessary e.g. when patient has a heavy opioid dependency or when co-prescribed an enzyme inducer or other medication that decreases serum levels of methadone.

- Supervised consumption is recommended for a minimum of 3 months after which time dispensing arrangements may be reviewed on an individual patient basis as per NHSG Substance Misuse Service Dispensing guidance. (Currently being reviewed by Fulton Clinic (March 2015)). (See also section 5.5)

Buprenorphine


5.3. Advice and Action to be Taken for Missed Doses/Non-Attendance:

Patients may miss a dose or collection of their medication for a multitude of reasons e.g. if they are ill, admitted to hospital, have relapsed and in the worst case scenario they may have overdosed or died. Pharmacy staff may be the first to become aware of this and the information that they feed back to the clinician may be critical in ensuring the wellbeing of the patient. It may be that the patient only sees their clinician on a monthly basis therefore it may be some time before they become aware of an issue if they have no feedback. The risk will vary from patient to patient however pharmacy staff should use the knowledge that they have of the patient and their judgement to decide if the prescriber should be contacted. Pharmacies should have a system in place which flags up when doses or collections have not been picked up. They should not wait until the patient re-attends the pharmacy before contacting the clinician.

Missing doses can reduce tolerance to opioid replacement therapies and increase the risk of overdose where further doses are administered. The following advice is relevant for both methadone and buprenorphine containing products such as Suboxone® or Subutex®. The Action Request Form (Appendix 6) should routinely be used to contact the clinician in order to create an
audit trail. Common sense should determine whether a phone call is also necessary e.g. where the patient is waiting in the pharmacy for a response.

• One of the first signs that a patient may be struggling is the variability of the time of attendance at the pharmacy each day. E.g. where a patient always attended in the morning but is now attending at various times of the day. The patient’s appearance, mood and engagement with staff may also deteriorate. Where this raises concern pharmacy staff should engage with the patient to offer support and contact the patient’s clinician.

• If a patient who is new to methadone misses a collection in the first week of dispensing, the prescriber should be contacted for advice as tolerance may still be variable.

After week one:

• If a patient misses a single dose but presents at the pharmacy on the following day, the usual daily dose may be given.

• If two doses are missed then the following day the daily dose may be supplied although the pharmacist should discuss with the patient the reason for missing the dose and may consider contacting the prescriber or CPN if they have concerns.

• Where a patient has missed a day or two immediately prior to the weekend the prescriber should be contacted to agree pre-emptive action.

• If a patient misses 3 or more consecutive days of opioid replacement therapy withhold the dose and contact the clinician as the patient’s tolerance may have decreased. Explain to the patient that the dose is being withheld for safety reasons. It may be necessary to reduce the dose but where a prescriber makes the decision to continue the current dose, assess the patient for sedation and/or intoxication prior to supervising or dispensing subsequent doses. (See section 5.4.)

• If a patient misses 5 consecutive days of opioid replacement therapy the dose should be re-titrated by the prescriber/CPN. The pharmacist should contact the prescriber to discuss. If the patient reappears at the pharmacy, any remaining doses should be withheld until the prescriber can be contacted to agree appropriate action. The risk to safety should be discussed with the patient as the reason for having to withhold the dose.

• If a patient misses regular single doses the prescriber should be informed as this may be another sign that the patient is becoming less stable.

• A missed daily dose should never be supplied to a patient on a subsequent day.

• Patients on “take home” prescriptions should be advised never to double up on doses they have missed.

5.4. Patient attends under the influence of other drugs and/or alcohol

Where a patient attends the pharmacy and is suspected to be under the influence of other drugs and/or alcohol there is an increased risk of overdose if the next instalment of opioid replacement
therapy is dispensed. The patient should be advised that the instalment cannot safely be dispensed to them. If there is sufficient time for the patient to be asked to come back later in the day this should be advised. If there is not adequate time for return, or the patient remains intoxicated on their return the dose should be withheld and the prescriber or CPN contacted. It is safer to withhold the dose than risk overdose.

5.5. Moving between “Supervised” and “Take Home” dispensing

Clinical guidance recommends that patients are supervised for a minimum of 3 months before a move to take home doses can be considered. After this time, the decision to change dispensing instruction should be made on an individual patient basis e.g. looking for markers of stability such as employment, attending college, urine or oral samples being negative for illicit substances, no child-protection issues etc.

The pharmacist should be contacted by the prescriber or CPN prior to changing to “take home” dispensing to consider their opinion and ensure that key concerns have not been overlooked. In the early stages of treatment the majority of patients will attend their pharmacy on a daily supervised basis. This should allow pharmacy staff to pick up on concerns regarding the patient’s wellbeing more rapidly than the prescriber who may only see the patient once a fortnight or month. This information is crucial to the prescriber in helping them to make an informed decision.

In later stages of treatment where patients are receiving “take home doses” they will be seen less frequently by all members of the multi-disciplinary team. The pharmacist will remain the most frequent contact – seeing the patient a minimum of once a week and should utilise these attendances to assess the patient’s progress and identify any concerns. Concerns to discuss or feedback to the prescriber include: -

- attending intoxicated (drug or alcohol)
- missing doses
- concerns of doses being sold (personal diversion or coercion) or stolen
- safety of medicines stored in the home
- child protection concerns
- adult support concerns
- mental health concerns

5.6. Additional Practical Dispensing Points (see also Appendix 8)

- The service should be available for the duration of contracted hours. The patient group can be chaotic and withholding medication may have serious consequences. E.g. fluctuating blood levels, patients resorting to illicit use. Pharmacy SOPs for dispensing instalment medicines should ensure that this does not negatively impact on patient care.

- It is recommended that patients on take away prescriptions should collect their dose of opioid replacement therapy personally unless another named patient representative has been agreed between patient, prescriber and pharmacist. Ideally, to allow monitoring of the patient by the pharmacist, this should be reserved for cases where not attending the pharmacy may hinder
progress e.g. working during pharmacy opening hours or for a limited period of time where a physical issue prevents attendance.

- For “take home” doses, the Controlled Drugs Accountable Officers' Network Scotland recommends that, where more than one days supply is dispensed at once, each daily dose should be supplied in a separate labelled container.

- Supervised doses of methadone should be followed by a drink of water and chat to ensure that the full dose has been consumed. This time can be used to check how patient is managing treatment programme. Open questions should be used.

- SOPs for dispensing should be in place and followed to ensure legal requirements of dispensing and record keeping are met.

5.7. Legal handwriting requirements and Home Office Wording

Handwriting requirements for each prescription should be checked against the requirements set out in Medicines, Ethics and Practice for legality and accuracy. The most commonly occurring errors in prescribing are failure to include the instalment amount and use of the approved Home Office wording. Both a dose amount and instalment amount must be stated and is a legal requirement.

Inclusion of Home Office wording is good practice and not a legal requirement. Where it is not included, instalment amounts for days of closure must be stated. Where Home Office Wording is used to cover planned pharmacy closures or allow pick up of the remainder of a missed instalment dose (weekly, twice weekly etc dosing) the following wording must be included in full.

**To cover pharmacy closures**: “Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure”

**For missed doses on “take away” instalment prescriptions (provided no more than 3 days have been missed):**

“Instalment prescriptions covering more than one day should be collected on the specified day; if this collection is missed, the remainder of the instalment (i.e. the instalment less the amount prescribed for the day(s) missed) may be supplied”

  **OR**

  “If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the days missed may be supplied.”

If more than 3 days have been missed, the pharmacist should withhold further supply and the prescriber contacted to discuss.

Examples of prescriptions are provided in Appendix 9 of this document.

Pharmacy staff should also be aware of the **“Appropriate Date”** of a prescription. Where a starting date is included on a prescription which is later than the signed date, this becomes the appropriate date of the prescription. This date may be longer than 28 days from the signed date where clinically appropriate.
5.8. Communication with the multi-disciplinary team

It is proposed that any routine communication between the prescriber, CPN and pharmacist and vice versa should be made by email using the Action Request Form. This will form the basis of a written audit trail thus improving clinical governance procedures. Urgent communication should continue to be undertaken by phone in the first instance e.g. where patient safety is at risk because of a wrong dose or prescription not allowing a dose to be dispensed or where the patient would be unfairly inconvenienced. Contact email addresses for specialist services can be found in Appendix 7.

6. Drug Interactions

Pharmacists should monitor for potential drug interactions in this patient group as they would for any prescribed medication. Patients may be at increased risk of overdose if co-prescribed medications that affect the serum levels of methadone. Equally some prescriptions may increase the metabolism of methadone leading to symptoms of withdrawal. The dose of methadone needs to be adjusted accordingly and the prescriber should be contacted to discuss any concerns.

Methadone can prolong the QT interval leading to a rare but potentially fatal condition called Torsades de Pointes. Pharmacists should be aware of the risk of interactions between methadone and other drugs which possess QT interval-prolonging properties or which slow the elimination of methadone.

The BNF and Summary Product of Characteristics provide key information on drug interactions. There is also an app (“Drug-drug interactions in opioid therapy”) available for both android and apple devices which gives specific information regarding known drug interactions in patients prescribed methadone or buprenorphine. The app gives useful advice however pharmacists should be aware that it is not fully comprehensive. If an interaction is not included, it does not mean that there is none.

Pharmacists should consider that patients may also be prescribed medications for BBVs such as Hepatitis C and HIV through acute services and may be unaware of these. These may impact on ORT and it is worthwhile discussing with patients if they are prescribed any other medication. John Moore’s University, Liverpool have developed a useful Hepatitis Drug Interaction Tool which can be found at http://www.hep-druginteractions.org/Interactions.aspx.

7. Co-existing Medical Conditions/Ageing population

Pharmacists should consider the impact of co-existing medical conditions on patient care. An emerging issue is the ageing population of opioid dependent patients who will generally have worse physical functioning and more medical morbidity than both age and sex matched norms and younger opioid dependent patients. Pharmacists should be vigilant in considering drug interactions and potential issues with current treatment which may require more frequent review. The metabolism of drugs, both prescribed and illicit may be affected and lead to an increase in side effects including sedation and toxicity.
8. Blood Borne Viruses and Safer Injecting Advice

In the initial stages of treatment with an opioid replacement therapy people may continue to “top up” with illicit opioids until they have reached a sufficient dose to manage symptoms of withdrawal. This may also occur after the patient has been stabilised e.g. during a stressful life event, due to relapse etc. This is not a reason to discharge patients from treatment services as evidence demonstrates that patients are at a lower risk of harm where there remains a level of engagement with services.

As well as the risks of overdose, the patient is also at risk of harm from injecting such as injecting site injuries and acquiring blood borne viruses e.g. Hepatitis C. Pharmacists should be confident in delivering basic harm reduction advice as follows.

- Directing to the nearest specialist or pharmacy needle exchange where not available onsite
- Emphasising the importance of using sterile injecting equipment.
- Encouraging use of a new set of injecting equipment for every injecting episode
- Discouraging sharing of needles with others, including sexual partners
- Rotating site of injection

Supporting leaflets are available which provide more detailed advice and information. An online training resource for harm reduction is available for all pharmacy staff by registering at: [http://www.frontiersharpsafety.com/](http://www.frontiersharpsafety.com/)

9. Child Protection

The National Guidance for Child Protection In Scotland 2014 states that “all agencies, professional and public bodies and services that deliver adult and/or child services and work with children and their families have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. They are expected to identify and work collaboratively with other services (as well as the child and their family) to improve outcomes for the child.”

Pharmacy staff are included within these parameters and as such should be mindful of their responsibility in helping to protect children from harm. The Treatment Agreement outlines the role of the pharmacy with regards child safety and gives direction on sharing of information about concerns a pharmacist may have over protecting patient confidentiality. The needs of the child are paramount and the agreement makes it clear to patients at the commencement of the contract that pharmacy staff are obliged to put the safety of children first.

Child Protection procedures apply to any child at risk and are not limited to children of parents who use drugs. You may for example be concerned about neglect of a child’s needs where prescriptions for the child are not being picked up at the right time, or parents are requesting frequent head lice treatment. You may observe parental behaviours that are abusive and disrespectful towards the child such as name calling or hitting, shouting or verbally abusing the child. To gain greater awareness of child protection it is advised that all Pharmacists complete the NES (NHS Education Scotland) Child protection e-learning training module available at [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)
Following the disaggregation of the North East of Scotland Child Protection Committee in 2013 each local authority area has established a Child Protection Committee. Locally these are Aberdeen City, Aberdeenshire and Moray.

Prior to disaggregation it was agreed that the three Child Protection Committees should continue to share management of a single child protection register, provide public information and provide interagency child protection training. These resources are managed under the auspices of the Child Protection Partnership and can be accessed via the following link: www.childprotectionpartnership.org.uk/home

The National Guidance For Child Protection In Scotland 2014 is adopted by all three area Child Protection Committees to ensure that children are safe and protected from harm.

**Parents and substance misuse**

With specific regard to children of parents who use drugs, the pharmacist should be made aware of any patients who have dependent children living with them by way of New Patient Information Form. This does not necessarily indicate that there are child protection issues rather it is designed to provide the pharmacy team with additional information that may assist if concerns are raised during attendances at the pharmacy.

Where patients are identified as having a dependent child/children the pharmacy team should endeavour to support attendance of the child/children and make them feel welcome in the pharmacy. The patient and child/children should be treated with respect and stigmatisation avoided. Wherever possible the patient should be given choices in their treatment e.g. ask patient if they would rather take their methadone in private or with the child/children present. Attendance of children within the pharmacy allows opportunity for assessment of welfare and is one of the few regular places this could be done. Gaining the trust of the patient and child/children will allow better assessment of current status.

Pharmacy staff should consider the impact that witnessing the dispensing and consumption of an opioid replacement therapy may have on the child e.g. stigma from other patients or customers if made to consume in a public area. Each pharmacy should consider practical ways in which this could be minimised within their premises.

**9.1. What to do if you have a concern**

It is recommended that wherever possible the pharmacist should discuss their intention and reasoning for contacting child protection colleagues with the patient prior to doing so unless there are concerns of risk to staff safety or child safety.

- In an emergency situation where a child is felt to be in immediate danger the pharmacy team should dial 999 for Police Scotland or medical assistance as needed.

- Where child protection concerns have been raised, but there is no immediate risk to the child, the appropriate team should be contacted: www.childprotectionpartnership.org.uk/home/home/asp
If a member of the pharmacy team is unsure assistance can be sought from the NHS Grampian Specialist Child Protection Team on 01224 551706 for information, discussion and advice. This discussion can be anonymous. Social work can also be contacted for advice.

Local information on the needs of children affected by parental alcohol and drug use can be found at: Aberdeen City, Aberdeenshire and Moray Child Protection Committees, NHS Grampian, Police Scotland. A Practitioners Guide to Information Sharing, Confidentiality, And Consent To Support Children And Young People’s Wellbeing. 2013.
http://www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?lID=60088&sID=25673

10. Adult Support and Protection

Guidance on adult support and protection is included in appendices 10 & 11.

11. Reference Sources and Resources

The links below provide access to current available UK and local guidance. They can be used as reference sources to ensure appropriate prescribing.

Clinical guidance documents


Leaflets and resources

Harm reduction online training can be accessed at: www.frontiersharpsafety.com

The following Leaflets/Resources are available in hard copy from Health Information Resources Services. Tel: (01224) 558504; Online: www.nshgpcat.org; Email: grampian.resources@nhs.net.
- Methadone safe storage yellow sticky labels (Visual safety reminder for all take home doses)
- Alcohol and methadone (AFS)- Outlines the risks of taking alcohol with methadone
• A Guide to Safer Injecting (HIT) - A good, factual leaflet with key pieces of advice and information on harm reduction.
• How to avoid Hepatitis and HIV (NHSG) - Lists current needle exchanges across Grampian as well as key advice on reducing the risks of acquiring Blood Borne Viruses.
• Naloxone Take Home Programme Materials (Scot Gov/SDF)
• Methadone and Your Mouth (Scot Gov)

Child protection guidance documents

Child Protection Guidance for Health Professionals (Scottish Government 2013)
National Guidance For Child Protection In Scotland (Scottish Government. 2014)
Appendices

The following information and associated checklists are designed as tools to inform pharmacy specific SOPs for substance misuse services.

Appendix 1

Patient Pathway

New patient referred to Specialist Service for assessment

Patient assessment undertaken

Patient requires Opioid Replacement Therapy

Clinician contacts pharmacy to confirm space and forwards New Patient Information Form

Pharmacist begins Patient Clinical Care Record

Pharmacist to feed back on progress to lead clinician 6 monthly or as requested

If patient moves clinician or pharmacy

Appendix 1

Patient Pathway

New patient referred to Specialist Service for assessment

Patient assessment undertaken

Patient requires Opioid Replacement Therapy

Clinician contacts pharmacy to confirm space and forwards New Patient Information Form

Pharmacist begins Patient Clinical Care Record

Pharmacist to feed back on progress to lead clinician 6 monthly or as requested

If patient moves clinician or pharmacy
# NEW PATIENT INFORMATION FORM

## Part A: Patient Details

**Patient Name:**

**Patient CHI:**

---

## Section B: Clinician Details

**Clinician Name & Designation:**

**GP Practice and/or SMS Clinic Name:**

**Clinician contact email:**

**Addictions Social Worker name (if appropriate):**

**Clinician contact telephone:**

**Additional known support e.g. ARC worker name:**

---

## Section C: Current treatment information

**Name of current Opioid Replacement Therapy (ORT):**

- [ ] Methadone
- [ ] Buprenorphine and naloxone (Suboxone®)
- [ ] Buprenorphine
- [ ] None

**Current ORT treatment plan:**

- [ ] Upwards titration/stabilisation
- [ ] Maintenance dose
- [ ] Reducing dose
- [ ] N/A

**Other substance misuse/mental health items prescribed:**

- [ ] Diazepam—reducing regimen for dependence
- [ ] Anti-depressant
- [ ] Other (outline below)

- [ ] Short term hypnotic
- [ ] Anti-psychotic

**Known co-existing physical or mental health conditions:**

---

**Are there Looked After Children living with or in frequent contact with patient?**

- [ ] Yes
- [ ] No

**Additional relevant information:**

---

To be completed by the lead clinician for all news patients and for those changing pharmacy
PHARMACY TREATMENT AGREEMENT

1) We want you to get the best out of your treatment and will do our upmost to provide a supportive and non-judgemental environment to help you in your recovery. Our expectation is that pharmacy staff, patients and customers alike will treat each other with mutual respect.

2) In the course of your treatment it may be necessary to share and discuss information with other professionals involved in your care. This may include your prescriber, social worker or support worker if appropriate. Your prescriber or CPN may contact us for an update on your progress.

3) As a Health Professional we must consider the safety of children and if any concerns are raised we are obliged to address these through the most appropriate channels.

4) We will give you plenty of notice on any changes to our pharmacy opening hours for example at Christmas or on public holidays. Our regular pharmacy opening hours are:
   Monday - 
   Tuesday - 
   Wednesday - 
   Thursday - 
   Friday - 
   Saturday - 
   Sunday – 

   We will endeavour to dispense your prescription as quickly as possible however during particularly busy hours it may take us longer to dispense your prescription.

5) We will ask for photo identification or take your photo in the pharmacy to help pharmacy staff ensure that the correct patient receives the correct medication.

6) If you come into the pharmacy under the influence of drugs or alcohol and we feel it would be dangerous to give you your medication we will withhold medication until it is safe to give it and take advice from your prescriber or CPN where appropriate.

7) If you miss more than two doses of methadone/buprenorphine/Suboxone we may have to withhold the dose as it could be dangerous to give it to you. We will discuss with your prescriber or CPN to agree a safe plan of action. In some cases you will have to return to your prescriber for assessment before further doses are given.

Patient name: ___________________________ Signed: ___________________________
Pharmacist name: ___________________________ Signed: ___________________________
Date: ___________________________
PATIENT CLINICAL CARE RECORD

Patient name: ___________________________ CHI (Enter date of birth if CHI missing): ___________________________

Clinician Name & Designation: ___________________________ GP Practice and or SMS Clinic Name: ___________________________

Clinician contact email: ___________________________ Addictions Social Worker name (if appropriate): ___________________________

Clinician contact telephone: ___________________________ Additional known support e.g. ARC worker name: ___________________________

Are there Looked After Children living with or in frequent contact with patient? Yes ☐ No ☐

Full supporting information can be found in the Information for Community Pharmacies Delivering the SLA for the Provision of Substance Misuse Services.

1) Is starting dose appropriate? (Generally 10-30mg of methadone)* Yes ☐ No ☐

2) Does prescription start at the beginning of the week?* Yes ☐ No ☐

(Especially important with methadone due to time taken to reach steady state)

*(Questions 1 and 2 – only complete for patients who are completely new to Opioid Replacement Therapy (methadone/Suboxone® etc) or being re-titrated after a break in treatment)

3) Have you received New Patient Information Form from the Prescriber?* Yes ☐ No ☐

4) Discuss content of Treatment Agreement and sign Completed ☐

5) Take photo/ask patient for photo to assist identification Completed ☐

6) Discuss/provide Patient Information Leaflet for prescribed medications Completed ☐

7) Advise patients to take dose(s) at roughly the same time each day Completed ☐

8) Discuss dangers of missing doses Completed ☐

9) Discuss signs and symptoms of overdose Completed ☐

10) Signpost/provide naloxone training or supply as appropriate Completed ☐

11) Discuss safe storage of take home doses Completed ☐

If you answer “no” to any of Q1-3, contact prescriber to discuss. Email for non-urgent queries.

Date checklist started: ___________________________ Date checklist completed: ___________________________
Appendix 4

SLA for the Provision of Substance Misuse Services from Community Pharmacy

**Ongoing record of care:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Note of key interventions #</th>
<th>Pharmacist name</th>
</tr>
</thead>
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</tbody>
</table>

*A record is not required for every attendance only for key actions or interventions undertaken.*

SLA for the Provision of Substance Misuse Services from Community Pharmacy
### Section A: For every prescription

1) Is the prescription legally correct?
2) If present, is the Home Office wording correct?
3) Are doses of prescribed medication appropriate?
4) Are dose increases and decreases appropriate?
5) Are dispensing instructions appropriate?
6) Are there any drug interactions of clinical significance?
7) Advise on safe storage of “take home” doses

### Section B: For patients who are new to Opioid Replacement Therapy (methadone/Suboxone® etc), returning after a break in treatment or new to pharmacy

1) Is starting dose appropriate?
2) Does prescription start at the beginning of the week? (More important with methadone due to time taken for levels to reach steady state)
3) Have you received a “New Patient Information Form” from the lead clinician?
4) Discuss content of the Treatment Agreement and sign
5) Discuss the opening hours of the pharmacy
6) Take photo/ask patient to bring photo id
7) Ensure patient has been issued with appropriate PIL(s) for prescribed medication NB: methadone where leaflet not routinely available see www.patient.co.uk to obtain a generic leaflet.
8) Check and go over the patients basic understanding of the side effects of methadone or buprenorphine e.g. excessive perspiration, constipation and dry mouth, providing advice and reassurance
9) Advise patients to take dose at roughly the same time each day
10) Discuss consequences and dangers of missing doses (See below and Section 5.3. of guidance document)
11) Discuss safe storage of take home doses. Locked cupboard, out of reach of children etc
12) Discuss key signs and symptoms of overdose, risks of overdose and issue naloxone leaflet/signpost for naloxone training.

   a) Mixing multiple drugs and alcohol
   b) Decreased tolerance (new batches of illicit drug, recently detoxed, abstinent etc)
   c) Using drugs alone

### Section C: Routine Patient Safety/Monitoring Checks

1) Is it safe for patient to receive dose?
   a) Does patient appear to be intoxicated through alcohol and/or drug use?
      If Yes Withhold dose and contact prescriber as appropriate.
   b) Dose patient appear drowsy or over sedated.
      If Yes Withhold dose and contact prescriber as appropriate.
   c) Has patient missed doses?
      i) Missed any doses first week of treatment?
         If YES contact prescriber.
      ii) One off missed dose after the first week of treatment?
         If YES, no action required unless additional issues present.
      iii) A few single missed doses?
         If YES, discuss dangers with patient (reduced tolerance, risk of overdose if using illicit substances etc). Encourage to discuss with prescriber.
      iv) Regular single missed doses? If YES, contact prescriber.
      v) 3 or more consecutive missed days? If YES Contact prescriber.
      vi) If a patient does not attend and you are worried for their safety, contact the prescriber to discuss.

2) Are times of attendance becoming less regular? (e.g. used to attend like clockwork at 10am–time now varies)
   Potential sign that patient isn’t coping with treatment, contact prescriber

3) Is patient’s physical appearance causing concern?
   Potential sign that patient isn’t coping with treatment.
Appendix 5

(Patient Checklist continued)

**Section D: Change of dispensing arrangement (supervised to take away dose or vice versa)**
The prescriber should contact the pharmacist to discuss the patient’s attendance in the pharmacy to provide insight into how well the patient appears to be managing treatment. Pharmacists should consider the following points and report fairly and equally on positive progress as well as concerns.

1) Has prescriber contacted you to discuss plan to change?  
   If “no” and you have valid concerns about this change contact prescriber.

2) Are there signs of positive progress?  
   Report on positives as well as concerns.

3) Does the patient continue to attend under the influence of drugs or alcohol?  

4) Does the patient regularly miss doses?  

5) Any concerns of diversion or coercion of medicines?  

6) Does the patient have children?  
   If YES, will the patient be able to store methadone, buprenorphine and other medications safely and securely?  

7) Is the patient currently displaying mental health symptoms of concern?  

8) Has the patient been supervised for 3 months or more?  

9) Does the quantity/volume of medication to be dispensed appear appropriate to take home?  

10) Pharmacy staff should attach a yellow methadone warning label to all take home doses of methadone. Available from NHSG Health Information Resources Service

**Section E: Ongoing Treatment Checks**

1) Provide positive feedback on achievements, build rapport, encourage discussion

2) Ensure patient has been issued with appropriate PIL(s) for prescribed medication NB: methadone where leaflet not routinely available. www.patient.co.uk

3) Re-iterate importance of taking dose at roughly the same time each day

4) Re-iterate consequences and dangers of missing doses

**Section F: Harm Reduction**

1) Check that patient has had overdose awareness and naloxone training/issue with naloxone leaflet.

2) Confirm patient can recall the risks of overdose, key signs and symptoms. Routinely re-iterate (at least once a year minimum).

3) Provide harm reduction advice and information and signpost as appropriate. This may include:  
   a) Provide sterile injecting equipment/signpost to nearest Injecting Equipment Provider.
   b) Provide basic safer injecting advice and information.(utilise “A guide to safer injecting” leaflet to give out and aide in discussion)
   c) Advise on how to reduce risk of acquiring blood borne viruses if injecting e.g. use new set of injecting equipment for each injecting episode, do not share equipment
   d) Reduce risk of injecting site injuries by rotating site.
   e) Encourage testing for Blood Borne Viruses (Should be tested annually so may require repeat testing)

**Section G: Child Protection**

1) Check if patient lives with/has regular contact with Looked After children

2) Be vigilant in considering potential risk or harm to children in contact with patients

3) See service specification for advice on dealing with child protection concerns

**Section H: Adult Support and Protection**

See guidance and reporting form  
(Appendices 10 & 11 of Service Specification & Guidance Document)
### Action Request Form (Non-Urgent Requests)

**Part A: Patient Details**
- **Patient Name:**
- **Patient CHI:**

**Section B: Clinician/Pharmacy Details (Complete fields relevant to service)**
- **Clinician Name:**
- **GP Practice and/or SMS Clinic name:**
- **Clinician contact email:**
- **Clinician contact telephone:**
- **Pharmacy Name:**
- **Pharmacy email:**
- **Pharmacy Contact telephone number**

**Section D: Action request for clinician or pharmacy:**
- **Nature of action request:**
  - [ ] Change to treatment plan
  - [ ] Query or change to instalment dispensing
  - [ ] Patient attending pharmacy intoxicated
  - [ ] Concern over physical or mental health
  - [ ] Issue with Prescription
  - [ ] Patient missing collection of instalments
  - [ ] Request for progress update
  - [ ] Other
- **Brief outline of action request:**

- **Response to action request required?**
  - [ ] YES
  - [ ] NO

**Name of person initiating action request:**
**Date:**

**Name of person responding to action request**
**Date:**

---

For non urgent communication between clinician and nominated pharmacy.
Appendix 7

Clinical Service Email Addresses for Non-urgent Communication

Non-urgent communication should be directed to the appropriate service. Generic email accounts or distribution lists are available for all specialist and GP services in Grampian. Where a CPN is noted on the prescription or an HBP prescription has been used, the appropriate specialist service should be contacted as per the table below.

Where the prescription has been signed by a GP and no CPN is listed, communication should be directed to the appropriate GP Clinical Mailbox as per the agreed standard GP-pharmacy communication process.

To facilitate the process, it is worthwhile saving the most regularly used email addresses to the contacts folder in the pharmacy nhs.net account.

Specialist Substance Misuse Service Generic Email Addresses

<table>
<thead>
<tr>
<th>Email/ Distribution List Address</th>
<th>Substance Misuse Services Covered</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:nhsg.fultonpharmacy@nhs.net">nhsg.fultonpharmacy@nhs.net</a></td>
<td>All Fulton Clinic prescriptions</td>
<td>Aberdeen City</td>
</tr>
<tr>
<td></td>
<td>CPNs based in GP practices</td>
<td>Aberdeen City</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aberdeenshire Central and South</td>
</tr>
<tr>
<td><a href="mailto:nhsg.timmermarket@nhs.net">nhsg.timmermarket@nhs.net</a></td>
<td>Timmermarket Clinic</td>
<td>Aberdeen City</td>
</tr>
<tr>
<td><a href="mailto:nhsg.kessockclinic@nhs.net">nhsg.kessockclinic@nhs.net</a></td>
<td>CPNs based in GP practices</td>
<td>Aberdeenshire North</td>
</tr>
<tr>
<td></td>
<td>All Kessock Clinic prescriptions</td>
<td>Aberdeenshire North</td>
</tr>
<tr>
<td><a href="mailto:Grampian-UHB.moraydrugandalcohol@nhs.net">Grampian-UHB.moraydrugandalcohol@nhs.net</a></td>
<td>All Moray prescriptions</td>
<td>Moray</td>
</tr>
</tbody>
</table>

(Compiled March 2015)
Appendix 8

DISPENSING AND SUPERVISION ADVICE FOR METHADONE AND BUPRENORPHINE PRODUCTS

NB: Pharmacies are responsible for maintaining appropriate SOPs outlining the agreed procedures of each individual pharmacy. Recommended supervision procedures are as follows:

1. The daily dose should be dispensed into an appropriate bottle or carton labelled with full prescription details. Any doses dispensed in advance of the patient attending must be stored securely in the CD cupboard.

2. Consider each step of the dispensing process to ensure that this does not identify patients to other pharmacy users. E.g. pouring methadone in plain sight.

3. Supervision should only be carried out by specified staff in a quiet, private area.

4. The clients’ identity should be confirmed. Photographic identification is preferred and should be easily accessible to all staff.

For methadone:

1. The dispensed dose should be poured into a suitable cup or receptacle for the client to self administer (cups can be obtained from Primary Care Stores – fax 01224 553639).

2. A cup of water should then be offered and a conversation held to ensure that the dose has been swallowed.

3. For instalments which cover multiple days and require measuring it is recommended that they are dispensed in individual bottles. If pharmacists choose to dispense in a single bottle, they are responsible for supplying a calibrated measure which can accurately measure each daily dose.

For buprenorphine containing products (e.g. Suboxone®, Subutex®):

1. To help the tablets dissolve, a small amount of water can be swilled around the mouth and swallowed to moisten mucosa prior to the tablet being placed in the mouth.

2. Pop the tablet(s) out into a suitable receptacle and give to the patient. Alternatively you can ask the patients to do this.

3. Ask the patient to tip the tablet(s) under the tongue without handling and advise not to chew or swallow.

4. Observe the patient for 4-5 minutes to ensure the active ingredient has been absorbed.

5. The pharmacist or designated staff should make a final check that the tablet(s) has/have dissolved by asking to look under the patients tongue. A small amount of white pulp may remain for up to 15 minutes but contains little active product therefore the patient may be permitted to leave at this point.
Appendix 9

Examples of appropriate legal handwriting requirements and Home Office wording

Legal Requirements on a Schedule 2/3 Controlled Drug prescription

- Total quantity in words and figures
- Drug name, form and strength
- Instalment amount(s) for closures where HO wording is not used
- Doctor’s signature
- Patient name and address
- Date of signing
- Surgery/Clinic address
- Daily dose
- Instalment amount
- Number of days treatment and CHI

Good practice points (not legally required but inclusion assists process)

- “From” “to” dates (From date becomes the “appropriate date” where included)
- CPN name (assists pharmacy in contacting appropriate clinician)
- Pharmacy Name (reduces risk of duplicate doses being collected by patient)
Home Office wording

Inclusion of the Home Office (HO) wording is NOT a legal requirement. 
NB: variations on the HO wording are not allowed however there are more than one version of each. See Medicines, Ethics and Practice for full details.

HO wording to cover closures
All legal prescription requirements remain as before except that the inclusion of the appropriate HO wording allows the pharmacy to calculate the volume or quantity of installment amounts for the days when the pharmacy will be closed (e.g. Sundays and Bank Holidays). It allows installments to be dispensed on the last working day before the closure.

NB: instalment amounts are still a legal requirement when HO wording is included

Inclusion of the statements regarding missed collection of an installment dose allows for the remainder of the dose to be dispensed without contacting the prescriber. Using this prescription, if the patient missed collection on Monday but came in on Tuesday, the remaining 200ml may be dispensed. Pharmacists should ensure that it is safe to do so, that the patient is not attending intoxicated or in withdrawal and if there are any concerns, the prescriber should be contacted to discuss. Likewise if the patient has missed 3 doses or more, no supply should be given and the prescriber should be contacted to discuss.

There remains confusion with some pharmacists over what constitutes the “appropriate date” on a controlled drug prescription.

All schedule 2 and 3 controlled drugs prescriptions are valid for 28 days from the appropriate date.

Where the signed date is the only date on the prescription this is also the appropriate date.

With another date e.g. “from” “to” dates are included, the “from” date becomes the appropriate date.

However must also be clinically appropriate to do this.

Pharmacists should refer to Medicines, Ethics and Practice for full information.
Grampian Interagency Guidelines (Community Pharmacy version):
Supporting and Protecting Adults at Risk of Harm

The Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) 2007 Act was introduced to provide greater protection for adults thought or known to be at risk of harm. It provides guidance for identifying those at risk, outlines the duties of local councils to investigate concerns and the requirement of identified organisations to report such concerns. As contracted services of the NHS, community pharmacies should be aware of this act and able to report concerns accordingly.

Who are the people at risk?

People over 16 who are unable to safeguard their own well-being, property, rights or other interests; and
- Are at risk of harm; and
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected

What is harm?

Harm may be:
- Physical
- Neglect or acts of omission
- Financial or material
- Sexual
- Psychological
- Discriminatory or information abuse

Harm may happen anywhere, including in the person’s own home

Who may cause harm?

Adults may be harmed by a wide range of people, including relatives and family members; professional staff; paid care workers; volunteers; other service users; neighbours; friends; people who deliberately exploit vulnerable people.

Health professionals have a duty to co-operate and are subject to statutory duties and must:
- Report the facts and circumstances to the local Council when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm
- Co-operate with the Council and each other to enable or assist the council making inquiries
Appendix 10

The role of Community Pharmacy Staff

- Staff will report all cases where an adult is considered at risk of harm to the Council and agree how to proceed with the investigation. This includes instances where the allegation is made against a pharmacy employee.
- Staff will co-operate with the Council making inquiries and with each other where that would assist the Council.
- Information and records regarding the adult will be provided when requested under the Act. (Refer to Policy for additional guidance)

It is an offence to prevent or obstruct any person from acting under the Act and to refuse without reasonable excuse to provide information.

Additional training is available to support staff in familiarising themselves with these guidelines. For training options contact Jacqui Mackintosh, Learning and Development, NHS Grampian on j.mackintosh@nhs.net

If you are concerned a patient is at risk of harm under the terms of the Adult Support and Protection Act you must contact the Local Authority who is the lead agency. The Council has a duty to investigate an alleged incident of harm and will provide advice and support.

- Aberdeen City Council: 01224 264266
  Out of Hours: 01224 693936
  E-mail: AdultProtection@aberdeencity.gsx.gov.uk

- Aberdeenshire Council: 01651 871246
  Out of Hours: 0845 84 000 70
  E-mail: adultprotectionnetwork@aberdeenshire.gsx.gov.uk

- Moray Council: 01343 553140
  Out of hours: 0300 123 0897
  E-mail: accesscareteam@moray.gov.uk

A copy of the Grampian Interagency Guidelines: Supporting and Protecting Adults at Risk of Harm can be obtained by clicking on the link www.aberdeenshire.gov.uk/adultprotectionpolicy
Appendix 11  GRAMPIAN ADULT SUPPORT AND PROTECTION – COMMUNITY PHARMACY REPORTING FORM

All email addresses are secure. Please complete the form and email a copy to the Adult Protection service for the area that the patient resides in. Remember to also copy into the email your line manager (if applicable). It is recommended that a copy is kept in the pharmacy.

If you are concerned a patient is at risk of harm under the terms of the Adult Support and Protection Act you must report this to the Local Authority who is the lead agency. The Council has a duty to investigate an alleged incident of harm and will provide advice and support.

- Aberdeen City Council: 01224 264266
  Out of Hours: 01224 693936
  E-mail: AdultProtection@aberdeencity.gsx.gov.uk

- Aberdeenshire Council: 01651 871246
  Out of Hours: 0845 84 000 70
  E-mail: adultprotectionnetwork@aberdeenshire.gsx.gov.uk

- Moray Council: 01343 553140
  Out of hours: 0300 123 0897
  E-mail: accesscareteam@moray.gov.uk

1. DETAILS OF PERSON COMPLETING THE FORM

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<thead>
<tr>
<th>Your Name:</th>
<th>Your Job:</th>
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<table>
<thead>
<tr>
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<th>Contact Details:</th>
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<table>
<thead>
<tr>
<th>Pharmacy Address:</th>
<th>Date Form Completed:</th>
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*Complete if available.

2. DETAILS OF ADULT AT RISK

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*CHI/Carefirst No:  

3. DETAILS OF CONCERN

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<table>
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<th>Description of concern/incident:</th>
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<th>Action taken/outcome to date:</th>
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<table>
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<tr>
<th>Additional action planned:</th>
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</thead>
</table>
4. DETAILS OF ANY OTHER PARTIES INVOLVED

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Details</th>
<th>Role in Incident/Concern</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

5. CATEGORY OF RISK

Using your experience/judgement, grade the category of risk based on what actually happened. Use the Risk Matrix within the ASP Policy as guidance.

- Low
- Medium
- High
- Very High

Reasons for Risk Rating: __________________________________________________________

6. INCIDENT REPORTED TO:

Date: __________________________________________________________

Form sent to: __________________________________________________________

Copy to: Client File [ ] Line Manager [ ]

Date: __________________________________________________________

Signature of person reporting concern/incident: _________________________________

To be completed by Senior CCO/Care Manager/SW responsible for Adult Protection issues.
(Not for completion by pharmacy)

7. OUTCOME OF REPORT (tick as many as appropriate)

Initial Discussion with:

<table>
<thead>
<tr>
<th>Date or N/A</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Care Commission
Health and Safety
Health Professional
Human Resources/Personnel
Line Manager
MWC
Police
Public Guardian
Service Provider
Other
Recorded but NFA [ ] Reason [ ]

Inquiry/Assessment/Investigation Initiated [ ] Yes [ ] No [ ] Date [ ]

RIDDOR Reportable [ ] Yes [ ] No [ ]

RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995), place a legal duty on employers; self-employed people; people in control of premises; to report work-related deaths, major injuries or over-three-day injuries, work related diseases, and dangerous occurrences (near miss accidents).
| Name of Senior CCO/Care Manager/SW: |  |
| Signature: |  |
| Contact Details: |  |
| Date of Decision: |  |
### USEFUL CONTACTS

<table>
<thead>
<tr>
<th>Substance Misuse Pharmacists</th>
<th>T: 01224 557694</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiona Raeburn (Full time)</td>
<td>E: <a href="mailto:fiona.raeburn@nhs.net">fiona.raeburn@nhs.net</a></td>
</tr>
<tr>
<td>Lucy Skea (Tues, Weds only)</td>
<td><a href="mailto:lucy.skea@nhs.net">lucy.skea@nhs.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy and Medicines Directorate</th>
<th>T: 01224 556527</th>
</tr>
</thead>
<tbody>
<tr>
<td>(David Pfleger, Fiona Doney, Caroline Hind, Liz Kemp, Wendy Roberson, Judy Webster)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Drug Pharmacy Team</th>
<th>T: 01224 556001</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Anne Taylor; Lesley Thomson)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Care Contracts Team</th>
<th>T: 01224 556467</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Payment enquiries, invoices etc)</td>
<td>E: <a href="mailto:grampian.primarycarecontracts@nhs.net">grampian.primarycarecontracts@nhs.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Information Resources Service</th>
<th>01224 558504</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Leaflets etc)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Care Stores</th>
<th>01224 553639</th>
</tr>
</thead>
<tbody>
<tr>
<td>(To order cups etc)</td>
<td></td>
</tr>
</tbody>
</table>

### NHS CLINICAL TREATMENT SERVICES, PRISON AND SOCIAL WORK

<table>
<thead>
<tr>
<th>Integrated Drug Service</th>
<th>T: 01224 651130</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timmermarket Clinic, 1 East North Street Aberdeen</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Moray Integrated Drug and Alcohol Service</th>
<th>T: 01343 552211</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 North Guildry Street, Elgin</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Misuse Service – Aberdeen City &amp; Aberdeenshire South and Central Teams</th>
<th>T: 01224 557212</th>
</tr>
</thead>
<tbody>
<tr>
<td>(GP practice based CPNs and Fulton Clinic)</td>
<td>Fulton Clinic, Royal Cornhill Hospital, Aberdeen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Misuse Service – Aberdeenshire North</th>
<th>T: 01346 585160</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kessock Clinic, Fraserburgh</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HMP &amp;YOI Grampian</th>
<th>T: 01779 485600 (main switchboard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Road, Peterhead</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aberdeen City Council Social Work Duty Team</th>
<th>T: 01224 522055 (office hours) T: 01224 693936 (out of hours)</th>
</tr>
</thead>
</table>

### CHILD PROTECTION SERVICES

<table>
<thead>
<tr>
<th>Aberdeen City Family Protection Unit, Bucksburn</th>
<th>T: 01224 306879</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Aberdeen City Emergency Out of Hours Social Work</th>
<th>T: 01224 693936</th>
</tr>
</thead>
</table>

| Aberdeenshire Family Protection Unit | |
|-------------------------------------| |

<table>
<thead>
<tr>
<th>Fraserburgh</th>
<th>T: 01224 304775</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Inverurie</th>
<th>T: 01224 304081</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Aberdeenshire Emergency Out of Hours Social Work</th>
<th>T: 0845 840 0070</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Moray Family Protection Unit, Elgin</th>
<th>T: 01343 554381</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Moray Emergency Out of Hours Social Work</th>
<th>T: 0845 756 5656</th>
</tr>
</thead>
</table>
### 3rd SECTOR SUPPORT SERVICES & SPECIALIST NEEDLE EXCHANGES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DA (Drugs Action)</strong></td>
<td>T: 01224 557120&lt;br&gt;                              T: 01224 594700 (Helpline)&lt;br&gt;W: <a href="http://www.drugsaction.co.uk">www.drugsaction.co.uk</a></td>
</tr>
<tr>
<td><strong>Northern Horizons (Turning Point Scotland)</strong></td>
<td>T: 01779 470490&lt;br&gt;W: <a href="http://www.turningpointscotland.com">www.turningpointscotland.com</a></td>
</tr>
<tr>
<td><strong>Studio 8 (Turning Point Scotland)</strong></td>
<td>T: 01343 543792&lt;br&gt;W: <a href="http://www.turningpointscotland.com">www.turningpointscotland.com</a></td>
</tr>
</tbody>
</table>

### NEEDLE EXCHANGE SERVICE (NON-SPECIALIST)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Healthy Hoose</td>
<td>T: (01224) 661500</td>
</tr>
<tr>
<td>2b Logie Place,</td>
<td></td>
</tr>
<tr>
<td>Aberdeen, AB16 7TP</td>
<td></td>
</tr>
</tbody>
</table>

### COMMUNITY PHARMACY NEEDLE EXCHANGES

#### ABERDEEN CITY

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dickies Pharmacy</td>
<td>T: (01224) 874608</td>
</tr>
<tr>
<td>68 Gardner Drive, Kincorth, Aberdeen, AB12 5SD</td>
<td></td>
</tr>
<tr>
<td>Douglas Dickie Chemist</td>
<td>T: (01224) 878459</td>
</tr>
<tr>
<td>96 Victoria Road, Torry, Aberdeen, AB11 9DU</td>
<td></td>
</tr>
<tr>
<td>Holburn Pharmacy</td>
<td>T: (01224) 581685</td>
</tr>
<tr>
<td>560 Holburn Street, Aberdeen, AB10 7LJ</td>
<td></td>
</tr>
<tr>
<td>John Ross Chemists</td>
<td>T: (01224) 277434</td>
</tr>
<tr>
<td>109 Hayton Road, Tillydrone, Aberdeen, AB24 2RN</td>
<td></td>
</tr>
<tr>
<td>Rowlands Pharmacy</td>
<td>T: (01224) 636597</td>
</tr>
<tr>
<td>City Hospital, Park Road, Aberdeen, AB24 5AU</td>
<td></td>
</tr>
</tbody>
</table>

#### ABERDEENSHIRE

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buchanhaven Pharmacy</td>
<td>T: (01779) 473525</td>
</tr>
<tr>
<td>23 Skelton Street, Peterhead, AB42 1HR</td>
<td></td>
</tr>
<tr>
<td>Charles Michie Chemist</td>
<td>T: (01569) 762298</td>
</tr>
<tr>
<td>24 Market Square, Stonehaven, AB39 2BE</td>
<td></td>
</tr>
<tr>
<td>Davidsons Chemists</td>
<td>T: (01330) 822542</td>
</tr>
<tr>
<td>61 High Street, Banchory, AB31 5TJ</td>
<td></td>
</tr>
<tr>
<td>Duke Street Pharmacy</td>
<td>T: (01466) 792141</td>
</tr>
<tr>
<td>26 Duke Street, Huntly, ABS4 8DL</td>
<td></td>
</tr>
<tr>
<td>Kemnay Pharmacy</td>
<td>T: (01467) 642205</td>
</tr>
<tr>
<td>17 High Street, Kemnay, AB51 5NB</td>
<td></td>
</tr>
<tr>
<td>Strachan Pharmacy</td>
<td>T: (01888) 562403</td>
</tr>
<tr>
<td>29 Main Street, Turriff, ABS3 4AB</td>
<td></td>
</tr>
<tr>
<td>Will Chemists</td>
<td>T: (01467) 620475</td>
</tr>
<tr>
<td>35 West High Street, Inverurie, AB51 9QQ</td>
<td></td>
</tr>
</tbody>
</table>
## COMMUNITY PHARMACY NEEDLE EXCHANGES (CONT.)

<table>
<thead>
<tr>
<th>Moray</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bishopmill Pharmacy</td>
<td>20 North Street, Bishopmill, Elgin, IV30 4EF</td>
<td>(01343) 547374</td>
</tr>
<tr>
<td>Dufftown Pharmacy</td>
<td>15 Balvenie Street, Dufftown, AB55 4AB</td>
<td>(01340) 820228</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>48 High Street, Elgin, IV30 1BU</td>
<td>(01343) 547065</td>
</tr>
<tr>
<td>Lloyds Pharmacy</td>
<td>23a Clifton Road, Lossiemouth, IV31 6DJ</td>
<td>(01343) 812818</td>
</tr>
<tr>
<td>Norvik Pharmacies Ltd</td>
<td>1 High Street, Buckie, AB56 1AL</td>
<td>(01542) 831116</td>
</tr>
<tr>
<td>Your local Boots Pharmacy</td>
<td>88/94 High Street, Forres, IV36 1NX</td>
<td>(01309) 673370</td>
</tr>
<tr>
<td>Your local Boots Pharmacy</td>
<td>Glassgreen Centre, 2 Thornhill Road, Elgin, IV30 6GQ</td>
<td>(01343) 542186</td>
</tr>
</tbody>
</table>