

NHS Greater Glasgow & Clyde Alcohol and Drug Services

Guidance for collection of dispensed ORT medication from a community pharmacy by alcohol and drug service staff.

Author:	Dr Carole Hunter Lead Pharmacist, GGC Alcohol and Drug Services on behalf of Substitute Prescribing Management Subgroup of GGC Alcohol and Drug Services Care Governance Committee
Contact:	Audrey.Robson@ggc.scot.nhs.uk
Approved by:	Substitute Prescribing Management Group 20.08.2019 GGC Alcohol and Drug Services Care Governance Committee 07.10.2019
Date of approval:	October 2019
Date for review:	October 2022
Replaces previous version:	n/a – new guidance
Version:	Version 1.0 Updated with contingency management guidance Appendix D 16.03.2020

Guidance for collection of dispensed ORT medication from a community pharmacy by alcohol and drug service staff.

Circumstances may arise whereby a patient is unable to attend the community pharmacy to obtain ORT medication. Although some community pharmacies offer a free medication delivery service, this is not part of the NHS contract and does not cover daily delivery of Controlled Drugs.

Alcohol and drug service staff should not routinely collect ORT medication from a community pharmacy and deliver to patients. This should only be considered in exceptional circumstances when there is no other viable option available for the patient to access medication.

Any arrangements to be put in place should be agreed with prescriber, local operation manager and with the dispensing pharmacy. There should be a clear treatment plan and risk assessment in place, with regular review.

- The patient must consent to allow the staff member to collect the medication. Refer to Appendix A.
- Dispensing arrangements should be confirmed with the community pharmacist.
- A record of all discussions should be made on EMIS Web and other systems as per local recording agreements.
- Medication should be delivered to the patient as soon as possible.
- Patient medication should never be stored by the staff member at their home.

The pharmacist is legally required to determine whether the person collecting a Schedule 2 Controlled Drug is a patient, patient's representative or healthcare professional.

A member of the community pharmacy team may contact the prescriber to verify that any prescriptions and requests are genuine.

Unless the staff member is already known to the pharmacist, the pharmacist will request the name, address and evidence of identity including professional registration number (if relevant) of the staff member collecting the medication.

Staff will be asked to sign the relevant area on the reverse of the prescription form to show they are collecting medication however this is only required once on an instalment prescription.

New prescriptions

Collection arrangements should be agreed with the patient and added to the prescription by the prescriber.

Prescriptions already within the pharmacy

It is legally acceptable to confirm verbally with the pharmacist that the prescription will be collected by a staff member as supervision is not a legal requirement. Pharmacists are advised to obtain a written note of authorisation from the patient. Refer to example in Appendix B. The pharmacist

should annotate the prescription and keep an appropriate record of the request. A pharmacist may ask for written or emailed communication to support any requests. (NB – staff should ensure that the pharmacy provide an nhs.net email address for confidential correspondence).

Audit Trail

There should be a robust audit trail to confirm collection from the pharmacy and the date, time and amount delivered to the patient. A record should also be kept of supervision. Refer to Appendix C

Transportation of medication

Staff are authorised to transport and deliver medication directly from pharmacy to the patient. If this is not possible, then medication must be returned to the pharmacy or securely stored in clinic controlled drug storage if available. Medication should never be stored in the staff member's car or home. Staff should refer to the NHS GGC Mental Health Services Transportation of Medicines in the Community Policy and Practice Guidance.

Responsibilities

Staff are not responsible for the clinical or accuracy checking of the dispensed medication; this is the pharmacy responsibility, however staff are responsible for agreeing that the patient details are correct on both the address label and the dispensed medication. Staff are responsible for recording the appropriate details on the recording form.

Should staff become aware of any discrepancy then the medication should be returned immediately to the pharmacy using the appropriate returns form within the Mental Health Services Transportation of Medicines in the Community Policy and Practice Guidance. The operational manager should be made aware of any incidents and a Datix entry made.

It should be noted that the processes outlined above are not restricted to specific professional groups or grades of staff as the staff member is acting as the patient's agent when collecting and delivering their prescribed medication.

References

1. Medicines, Ethics and Practice Guidance, Edition 42, Royal Pharmaceutical Society
2. Safe and Secure Handling of Medicines Within Primary Care, NHS Greater Glasgow & Clyde
3. MHS 39 Transportation of Medicines in the Community, Policy & Practice Guidance, NHS Greater Glasgow & Clyde, Mental Health Services

Patient Consent Form – Staff Collection & Delivery of Controlled Drug Medication

Patient Name	
Patient Address	
Patient CHI	
Prescription Details	
Alcohol & Drug Service Details	
Pharmacy Details	

I authorise a member of staff from the above named service to collect the controlled drug medication from the above named pharmacy on my behalf and to deliver it directly to me between & including the below dates

.....to.....

I agree that medication will be returned to the pharmacy for destruction if there are any safety or clinical concerns, whereby the dose cannot be safely consumed or I am unavailable to receive the medication.

Patient Signature.....

Date.....

Appendix B

Pharmacy Prescribed Medication Collection Request

Dear Pharmacist

Pharmacy Name.....

Patient Name	
DOB/CHI	
Address	
Name of Prescriber	

I am currently unable to collect my controlled drugs medication. I authorise a staff member from

.....

to collect and deliver my dispensed medication on my behalf between & including the below dates

.....to.....

Patient signature.....

Date.....

Appendix C

NHS Greater Glasgow & Clyde Addiction Services

Controlled Drug Medication Collection/Delivery Log

Patient Name	
Patient Address	
Patient DOB/CHI	
Medication	
Daily Dose	
Supervision on day of collection	

Date	Quantity collected from pharmacy	Time delivered to patient	Patient signature	Staff Member Signature	Staff Member Signature	Supervised Dose

Comments

Appendix D

Covid-19 Contingency Management for Self Isolating Patients

- Significant numbers of patients may be advised to self-isolate due to symptoms of Covid-19 or household contact with a symptomatic person.
- As part of the risk assessment response for these patients, delivery of medication is likely to be required. This may be by a named representative of the patient or by staff, depending on the individual situation and risks.
- It is not necessary for staff to be professionally registered to collect and deliver dispensed medication.
- Staff should adhere to HPS and HSCP guidance at all times.
- When staff are not able to obtain a patient signature (e.g. due to infection control risk) then they should record that verbal consent was obtained (Appendices A and B).
- Arrangements to confirm delivery of the collected instalment should be made by telephone prior to staff attending the pharmacy.
- On arrival outside the patient/ address, the patient should be contacted by phone to inform them that staff are outside and they will receive a further call when to open the door.
- If phone contact is not possible, staff should knock on the door and stand back (at least 2 metres) and give instructions from this distance
- Medication should be placed at closed door of accommodation.
- Staff should move to a safe distance (at least 2m) before phoning patient (or knocking door again) and observing collection of medication.
- Staff are not expected to supervise consumption of medication.
- No personal protective equipment is required if all contact is by telephone or at a safe distance
- Risk assessment, all telephone conversations and scan copies of A&B should be recorded in the electronic patient record.