**Alcohol and Drug Recovery Services (ADRS)**



**Pharmacy Frequently Asked Questions (FAQs) Information Sept 2021**

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| **Please find below information regarding responses to FAQs frequently raised by Community Pharmacists and contact information for ADRS Pharmacy support and ADRS teams.** | |
| **Appropriate / start dates on prescriptions**  In general ADRS teams supply 2x28 day prescriptions for patients, which are delivered directly to the pharmacy in advance of the start date to allow preparation. Prescriptions will have been printed / signed prior to the treatment start date (the appropriate date). In some cases the date of printing / signing may be more than 28 days before the start date. These prescriptions are legal, as prescription validity is **28 days from the appropriate start date**. However, if you have any concerns regarding the clinical appropriateness of a patient’s medication, please contact the team who issued the prescription to discuss. | |
| **Requests to amend instalments on Opiate Substitution Therapy (OST) prescriptions**  Instalment directions on a controlled drug (CD) prescription are a legal requirement and must be adhered to. Minor amendment regulations do not apply. Therefore instalment directions on a CD prescription must not be altered by phone / email request from a prescriber or care manager e.g. “Patient is going away at the weekend can you supply Sat / Sun doses on Friday”. Any such requests for changes to instalments must be accompanied by a replacement prescription detailing the new instalment. Any queries relating to this should be directed to a member of the ADRS pharmacy team. | |
| **Requests to amend supervision on OST prescriptions**  The majority of ADRS prescriptions will direct that the OST dose should be supervised on the day of collection. The supervision direction is a request from the prescriber rather than a legal direction. A patient representative can collect an OST instalment if a patient is unable to do so e.g. if self-isolating or due to illness. A new prescription is **not required** and details of the representative does not have to be written on the prescription by the prescriber. It is good practice to discuss requests with prescribers / care managers and appropriate records should always be maintained. |  |
| **Home office wording** **for Controlled Drugs**  All ADRS prescriptions will contain the relevant Home Office wording which enables take home doses to be supplied on an appropriate day, in advance of pharmacy closures.  Medication intended for use on the days that the pharmacy is closed, can be supplied in advance providing that a legally valid prescription is in place and contains the Home Office approved wording *“****Please dispense instalments due on pharmacy closed days on a prior suitable day”****,*or similar.  Medication may be supplied in advance of the prescription start date providing that the prescription has been signed and dated by the prescriber. No supply should be made before the date on which the prescription was signed. Please refer to the CD governance team briefing attached for further guidance. |  |
| **Missed doses of OST**  Allpharmacies must havea robust system and Standard Operating Procedure (SOP) in place to identify when patients have missed OST doses.It is vital that the patients’ ADRS / GP is notified at the earliest opportunity following 3 missed doses or sooner if pharmacists have concerns about a patient. ADRS direct phone lines for professionals and email contacts can be utilised to facilitate contact.  From October / November 2021 missed doses should be reported via the NEO ORT module, further guidance will be issued. |  |
| **Disulfiram**  Pharmacies who participate in the supervision of disulfiram are required to report any single missed dose of disulfiram within 24 hours via the NEO module.  The ADRS team should respond within 24 hours to provide guidance, however, if a response is urgently required then the ADRS team should be contacted directly by phone / email in addition to logging the missed dose on NEO.  During the pandemic the use of breathalysers was suspended, however, if supervision is requested on a disulfiram prescription, this should continue to be undertaken without the use of the breathalyser until further advice is issued.  Please note: Disulfiram prescriptions do not require the home office wording (not a CD); the day of supply of a bank holiday dose is at the discretion of the pharmacist. Either provide the patient with the bank holiday dose(s) on the previous day of supervision or on the last day of opening prior to closure. |  |
| **Naloxone**  All community pharmacies within NHS GGC are requested to keep a naloxone kit in stock for emergency use.  Naloxone is a medicine which can temporarily reverse the effects of opioids in a suspected  Opioid overdose, buying time for an ambulance to arrive. It can legally be administered to  anyone by anyone, in order to save a life. Currently not all community pharmacies have naloxone available for use in an emergency situation.  Each community pharmacy will be reimbursed £18 for the cost of a Prenoxad® kit.  Please refer to the attached document for participation details or contact a member of the ADRS pharmacy team. |  |
| **NEO Troubleshooting**  Pharmacy staff frequently request support to assist with access to passwords or to register / remove members of staff. In the first instance they should refer to the housekeeping manual (attached) which will guide them through the process. The manual is also available by clicking the “Help” tab in NEO.  **Submission dates for payment**  ORT, IEP, Disulfiram and Naloxone claims must be **submitted by the 10th of each calendar month** |  |
| **Community Pharmacy OST Self Audit**  The self-audit should be completed on an annual basis, following a dispensing incident/near miss or when significant changes have been made to the OST dispensing processes within the pharmacy.  On completion the ADRS Pharmacy Team will be notified of responses and pharmacies can print and save their response for future reference. | Link to Audit:  [CP OST Self Audit Form](https://forms.office.com/Pages/ResponsePage.aspx?id=veDvEDCgykuAnLXmdF5JmtwY27yifnVGj7VXVUnhtfdUNDY5VUI1TkRJMzg4UlBIUkhTR0xJMjBBQS4u) |
| **Emergency Closures**  On the rare occasion when a pharmacy fails to open or has to close in an emergency, the ‘Responsible Pharmacist’ must inform the Board of the nature and likely duration of the closure by telephoning 0141-232-1726 or 0141-232-1727.  **It is important that every effort is made to ensure that patients attending on a daily basis have access to their prescribed therapy; however, for Opiate Substitution Therapy patients in particular, Pharmacists should also link in with their local ADRS team and ADRS Pharmacy Team (0141-303-8931) to co-ordinate arrangements for these patients attending for instalment dispensing**. |  |
| **ADRS Teams contact details**  Contact details for ADRS teams include a direct line for professionals and email contacts for each team. Urgent contact regarding the clinical care of a patient should always be attempted by phone in the first instance with queries directed to the duty worker. Email can be used for non-urgent queries and as a backup / alert for urgent queries, when there are difficulties contacting ADRS. Email is not a substitute for direct contact when an urgent response is required.  Email communication MUST ALWAYS be via the pharmacy clinical mailbox to the relevant ADRS team generic mailbox. The entered recipient email address should always be checked to confirm it is shown correctly. No patient identifiable information should be included in the subject line of the email. The subject line should contain:   * URGENT Community Pharmacy “Sensitive Confidential Information”   or   * Community Pharmacy “Sensitive Confidential Information”   Where possible, an email read receipt should be attached to the email to ensure delivery.  All contact with the team should be documented in the patients PMR. |  |
| **ADRS Guidelines**   * NHS GGC ORT Prescribing Guideline * NHS GGC ADRS Guideline for the use of Alcohol Protective Medication * NHS GGC Standards for Drug and Alcohol Services in Community Pharmacy |  |

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| **ADRS Pharmacy Team Contacts**  **Please use the ADRS pharmacy team mailbox if you require any assistance and a member of the team will respond to your email**  [**Adrs.PharmacyTeam@ggc.scot.nhs.uk**](mailto:Adrs.PharmacyTeam@ggc.scot.nhs.uk)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name | Job Role | Tel. No. | Mobile | Email Address | | ADRS Glasgow City 1st Floor, Festival Business Centre  150 Brand St  G51 1DH |  | 0141 303 8931 |  | Admin Support:  [Sharon.dolan@ggc.scot.nhs.uk](mailto:Sharon.dolan@ggc.scot.nhs.uk)  [Margaret.bailey@ggc.scot.nhs.uk](mailto:Margaret.bailey@ggc.scot.nhs.uk) | | Dr Carole Hunter | Lead Pharmacist ADRS | As above | 07557 012874 | [Carole.hunter@ggc.scot.nhs.uk](mailto:Carole.hunter@ggc.scot.nhs.uk) | | Mary Clare Madden | Senior Clinical Pharmacist | As above | 07557 012877 | [Maryclare.madden@ggc.scot.nhs.uk](mailto:Maryclare.madden@ggc.scot.nhs.uk) | | Amanda Laird | Advanced Pharmacist | As above | 07557 012879 | [Amanda.laird@ggc.scot.nhs.uk](mailto:Amanda.laird@ggc.scot.nhs.uk) | | Jennifer Kelly | Advanced Pharmacist  (Tues/Wed/Thur) | As above | 07971 826938 | [Jennifer.kelly2@ggc.scot.nhs.uk](mailto:Jennifer.kelly2@ggc.scot.nhs.uk) | | Carron Grogan | Advanced Pharmacist  (Thurs/Fri) | As above | 07970 733609 | [Carron.grogan@ggc.scot.nhs.uk](mailto:Carron.grogan@ggc.scot.nhs.uk) | | Diane Watson | Advanced Pharmacist  (Clinical) | As above | 07966 280629 | [Diane.watson@ggc.scot.nhs.uk](mailto:Diane.watson@ggc.scot.nhs.uk) | | John Campbell | Improvement and Development Manager for IEP Services | As above | 07557 012871 | [John.campbell@ggc.scot.nhs.uk](mailto:John.campbell@ggc.scot.nhs.uk) | |