

## **PRIMARY CARE COMMUNITY PHARMACY**

### **LOCAL PHARMACY SPECIFICATIONS**

#### **SPECIFICATION FOR THE CLINICAL CARE OF SUBSTANCE MISUSE SERVICES PATIENTS (INCORPORATING DISPENSING AND SUPERVISION OF SELF-ADMINISTRATION OF METHADONE)**

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## **Specification for the Clinical Care of Substance Misuse Services Patients (Incorporating Dispensing and Supervision of Self- Administration of Methadone)**

### **1. Aim of Service**

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|-------|---|
| 1.1   | <i>To promote patient wellbeing and recovery through:</i>   |
| 1.1.1 | Close liaison with Community Pharmacists and treatment Services   |
| 1.1.2 | Dispensing of methadone for self consumption in specified instalments   |
| 1.1.3 | Supervision of self consumption in specified instalments where requested  |
| 1.1.4 | Witnessing that each supervised dose is consumed appropriately and completely by the patient  |
| 1.1.5 | Monitoring the patient's response to prescribed treatment   |
| 1.1.6 | Provision of general health advice and information on how to access public health services.   |
| 1.1.7 | Promotion of patient safety and wellbeing.  |
| 1.1.8 | The treatment of all patients with due care and respect with reference to the standards of care and confidentiality expected by NHS patients. |

- |       |   |
|-------|---|
| 1.2   | <i>To reduce the incidence of risk of:</i>                          |
| 1.2.1 | Accidental or intentional inappropriate use of prescribed medicines |
| 1.2.2 | Diversion of prescribed medicines for illicit sale or supply        |

## 2. Service to be Provided

- 2.1 *General*
  - 2.1.1 The pharmacy contractor will hold stocks of methadone and will dispense these on receipt of an appropriate prescription.
  - 2.1.2 The pharmacy contractor will make arrangements for the supervision of self administered doses of methadone on receipt of an appropriately annotated prescription requesting this additional service.
- 2.2 *Storage of Methadone*
  - 2.2.1 Methadone will be stored in accordance with the Misuse of Drugs (Safe Custody) Regulations
  - 2.2.2 There will be a standard operating procedure in place for the pre-packing of doses and this procedure will comply with the requirements described in Medicines, Ethics and Practice, Section 3.3.7, labelling of dispensed medicinal products (Edition 42, July 2018).
  - 2.2.3 The storage of pre-packed doses will be in accordance with the Misuse of Drugs (Safe Custody) Regulations.
- 2.3 *Dispensing of Methadone*
  - 2.3.1 The responsible Pharmacist will operate a safe and robust system for the dispensing of methadone in keeping with the principles and standards provided by the GPhC for registered pharmacies.
  - 2.3.2 A standard operating procedure should be in place in the pharmacy detailing this system of service provision
  - 2.3.3 Methadone will only be dispensed against a prescription written in accordance with the requirements of the Misuse of Drugs Regulations
  - 2.3.4 The pre-preparation of doses will be in accordance with all appropriate requirements of the Medicines Act.
- 2.4 *Supervised self administration*
  - 2.4.1 Responsibility for ensuring the appropriateness of supervision arrangements for the self administration of methadone will lie with the responsible Pharmacist

- 2.4.2 The responsible Pharmacist will undertake any reasonable actions necessary to ensure that the entire prescribed dose has been self administered and that procedures are in place to minimise the risk of diversion as far as is possible.
- 2.4.3 Supervision of the self administered dose will be undertaken with due discretion and cognisance of the supervisee's rights to confidentiality and appropriate respect.
- 2.5 *Data collection and maintenance*
  - 2.5.1 The Pharmacist will be responsible for the creation and maintenance of sufficient records to enable: verification of service provision; internal and external audit and evaluation.
  - 2.5.2 Patient medication records will be maintained and appropriately updated
- 2.6 *Confidentiality*
  - 2.6.1 *The service should be operated from premises that can provide appropriate levels of confidentiality around the supply and supervision of medication.*
  - 2.6.2 *Due care must be taken to ensure that confidentiality is maintained.*

### 3. Shared Care

- 3.1 The pharmacist will be responsible for the provision of person-centred care and making the care of the person their first priority in the care of patients under this Service Level Agreement (GPhC Professional Standards).
- 3.2 The Pharmacist will foster and maintain appropriate working relationships with the prescribers and staff of NHS Ayrshire and Arran's Specialist Treatment Services for problematic substance use.
- 3.3 Processes allowing information sharing, where required, will be established and agreed.
- 3.4 The pharmacy contractor will ensure that the appropriate details for contacting the Specialist Treatment Services teams are available within the pharmacy and that staff are aware of, and have access to, this information. This should include telephone numbers for each of the locality Specialist

Treatment Service teams as well as contact information for the out of hours Services.

- 3.5 The Pharmacist, or a nominated proxy, will contact the Specialist Treatment Services when appropriate to share information where there are concerns or evidence of issues relevant to patient care, wellbeing or the effectiveness of therapeutic interventions undertaken. This information will be used to inform future treatment decisions within the Specialist Treatment Services.
- 3.6 Any incidents involving controlled drugs will be reported to the Accountable Officer as well as the prescriber/treatment Service as appropriate.
- 3.7 The Specialist Treatment Services will undertake to contact the Pharmacist to notify of new service users requiring methadone dispensing or supervision services prior to the service user presenting the prescription.
- 3.8 Where an unexpected prescription for the supply of methadone is presented by an individual unknown to the Pharmacist, from outwith the Health Board area or otherwise without prior notification from the Specialist Treatment Services, the Pharmacist will take all necessary steps to confirm the authenticity of the prescription request and establish the identity of the individual. It is expected that this would include making contact with the prescribing service.
- 3.9 Where a prescription for supervised self administration of methadone which originates from outwith the Board area is confirmed as genuine and supplied, the pharmacy contractor will inform the Specialist Pharmacist in Substance Misuse. This contact shall be by email and completed in a timely manner (ie. within 28 days) in order to ensure appropriate payment is made to the contractor.
- 3.10 The Pharmacist should maintain a treatment agreement for each service user. It is recommended that this be used to establish times of service availability, acceptable standards of behaviour by both parties and what level of service will be provided to the service user. This should be agreed and signed by both parties.

#### **4. Training**

- 4.1 It is necessary that the Pharmacists involved in the provision of this service undertake appropriate training to demonstrate competence and maintain CPD.
- 4.2 In line with GPhC standard 2.1 the responsible Pharmacist must ensure that there are sufficient staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided
- 4.3 In line with GPhC standard 2.2 the responsible Pharmacist must ensure that staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training.
- 4.4 Pharmacists and staff shall participate in local training initiatives as appropriate.
- 4.5 Training or guidance shall be made available on request to the Specialist Treatment Services, if required, in addition to the reference materials and information available.

## **5. Quality Assurance**

- 5.1 The pharmacy contractor will commit to undertake an audit of the service provided at least once per year in line with guidance from the Health Board.
- 5.2 The result of the audit will be available for inspection by NHS Ayrshire & Arran.

## **6. Breach of Contract**

- 6.1 Where prima facie evidence of a breach of the terms of this scheme comes to the notice of NHS Ayrshire and Arran the matter will be referred in the first instance to the pharmacy contractor concerned for comment. If appropriate, the pharmacy contractor will be invited to submit proposals for the rectification of the breach. Failure to provide a satisfactory response, or to rectify the breach, may result in the matter being referred to the Chief Executive of the NHS Ayrshire and Arran for consideration by the NHS Board and determination of any further action or sanctions to be taken, including termination of the contract under this scheme and recovery of



any payments made in respect of services which have not been provided.

