

COMMUNITY PHARMACY

GUIDANCE FOR THE DELIVERY OF

SERVICES TO SUPPORT PEOPLE

WITH PROBLEMATIC SUBSTANCE USE

Specialist Pharmacists in Substance Use, NHS Grampian

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# Introduction

This document provides information and support for community pharmacies contracted to provide services in line with the appropriate NHSG Service Level Agreements (SLAs). It has sections to help assess patient progress, complete necessary documentation and advice, safely assess, dispense and supervise associated medication. It aims to support community pharmacies fulfil their role as part of the multi-disciplinary team involved in the care of people who use substances.

# Requirements for delivering the service (see also SLA)

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 are often stigmatised within communities and can be affected by multiple stressors including: previous trauma, histories of abuse, breakdown of family relationships, practical issues such as housing, income and employment. These can impact significantly on a person’s self-esteem and mental health. Pharmacies should provide a trauma informed environment where patients are respected, their potential problems given due consideration and are supported towards recovery. Efforts should be made to avoid using stigmatising language- [Moving-Beyond-People-First-Language-A-glossary-of-contested-terms-in-substance-use.pdf (sdf.org.uk)](https://www.sdf.org.uk/wp-content/uploads/2024/05/Moving-Beyond-People-First-Language-A-glossary-of-contested-terms-in-substance-use.pdf)

Contractors participating in the delivery of this service are responsible for ensuring all pharmacy staff are sufficiently competent in delivering the SLA. Pharmacists must:

* Have completed the training requirements stated in the SLA
* Be familiar with current UK clinical guidance for pharmaceutical care. Of specific note is “[Drug Misuse and Dependence: UK guidelines on clinical management](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf) .” Chapter 4 contains specific information on pharmacological interventions however, it provides information on many issues which may arise including support of pregnant patients, blood borne viruses and driving considerations.
* Be familiar with All NHS Grampian **local treatment guidelines** related to pharmacological management for substance dependence as listed in **Section 9.**

# What does the service involve?

For new patients, each patient’s clinician should forward key information using the New Patient Information Form (Appendix 1). 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. NHS mail should be utilised for communication of patient information. It provides a secure means of communication and an audit trail. Telephone contact may be required for more urgent queries requiring rapid resolution. An updated form should be completed if there is a change in pharmacy or any other significant change.

For every patient the pharmacy should share a “useful information sheet.” A template is provided (Appendix 2) which pharmacies may either use in the current format or adapt to suit their service so long as all points are covered, and the information is non-stigmatising. 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.

Pharmacists will start a Patient Clinical Care Record (Appendix 3) for every patient whether they are new to the pharmacy or an existing patient. An Ongoing record of care is a brief note of any key interventions, issues or discussions that take place. It will be informed by the Patient Checklist (Appendix 4) and should be completed for all patients on Opioid Substitution therapy whether supervised or dispensed away. It is recommended that the record is held electronically using the patient’s PCR. If not held electronically then it needs to be readily available to all staff working in the pharmacy, including locums. The Patient Clinical Care Record will form the basis of feedback on patient progress to the prescriber or nurse at their request.

The first page of the patient clinical care 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 substitution therapy (OST) (methadone/buprenorphine product) or who are being re-titrated after a break in treatment. The ongoing record of care should be used to record KEY interventions, outcomes and progress updates which occur during patient interaction. Information need not be recorded daily, rather when there is something of note to record.

The Patient Checklist (appendix 4) 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 early stages of treatment. When the patient checklist highlights that an intervention is required, the intervention and resolution or outcome should be recorded in the ongoing record of care.

# Information to accompany the Patient Checklist and inform the Patient Clinical Care Record

## 4.1 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. If the Key Clinician changes, pharmacy changes or there is any other significant change for a patient this would also require a New Patient Form or update.

* + - **Discuss content of Useful Information Sheet and sign**

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. 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.

Opening hours should be discussed as well as arrangements for closures, such as public holidays. A phone number should be recorded so that patients can be contacted in the case of an emergency pharmacy closure.

* + - **Confirm identify of patient**

This is a clinical governance consideration aimed at reducing the opportunity for error i.e. somebody other than the patient receiving the medication. **All pharmacies should have a robust method for patient identification in place** (photo ID or fingerprint is utilised by some electronic systems). Some patients will not have photographic ID and in this case appropriate steps should be taken to verify identification of patient. Patient identification methods should be easily available to all staff, including locums.

* + - **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, as is [www.choiceandmedication.org/nhs24](http://www.choiceandmedication.org/nhs24). Employing both methods will increase the likelihood of patients understanding the information.

* + - **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 agonistic effects, buprenorphine containing products 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 provide overdose awareness and naloxone administration training to patients.

Risk factors include (but are not limited to):

* + - * Poly drug and/or alcohol use. 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.
      * Using alone (nobody to help)
      * During periods of physical or mental health illness
      * Older drug users are more at risk than their younger counterparts

All Pharmacies as part of the Level 1 SMS SLA must provide/offer “take home Naloxone” to all patients who are on Opioid replacement. “ Take home” naloxone can also be provided to anyone else likely to witness an overdose or at risk themselves from prescribed/illicit opioids such as painkillers. Guidance on supply of take-home naloxone can be found [NHSG Guidance on Take Home Naloxone .](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhsgrampian.org%2Fglobalassets%2Fservices%2Fmedicines-management%2Fpgds%2Fguide_naloxones.pdf&data=05%7C02%7Calana.gibbs%40nhs.scot%7C6aacd4f3a475492d458008dc3df3c9a9%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638453364463293527%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=D4X7RLKM5Ox0kP6TuDVxJ32wam%2FMzYaKkW95RAxHmVM%3D&reserved=0)

For additional support with Naloxone, patients may also be signposted elsewhere to access Naloxone Take Home training and supply which is currently available from:

* + - * All multi-disciplinary teams across Grampian specialist substance use services
      * Alcohol and Drugs Action, 7 Hadden Street, Aberdeen
      * “Step-in” ,93 High Street, Inverurie, Aberdeenshire
      * “Step-in”, 88 and 44 King Street, Peterhead
      * “Step-in”, Seafield House, 37 Castle Street, Banff
      * “Step-in”, 48 Broad Street, Fraserburgh
      * Arrows, 23 High Street, Elgin

Naloxone can also be ordered online from <https://www.sfad.org.uk/support-services/take-home-naloxone-application>

Leaflets are available from the Health Information Resources Service. Further information can be found at [www.naloxone.org.uk](http://www.naloxone.org.uk)

In addition to supplying take home naloxone, each pharmacy should hold a supply of naloxone for use in an emergency situation. This service is no longer part of the local service agreement as there is now a national service in place. Pharmacies should follow the national service specification. More information can be found at:

* [Community Pharmacy Emergency Naloxone Holding Service | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/70968/)
* <https://learn.nes.nhs.scot/72554/pharmacy-courses-and-events/webinar-recordings/nes-pharmacy-naloxone-emergency-supply-webinar>
* <https://www.cps.scot/latest-news/pcap202334>
* **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. Locked boxes are available from specialist services for clients to use to store their medications.

* + - **Dental health advice**

Advice should be given on:

* drinking water or rinsing mouth after consuming methadone- 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 check-ups and dental health treatment as required. The Dental Advice Line - 0345 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.

## 4.2 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 patients and screening 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](https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management), as well as local treatment guidance documents **(section 9**) 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:**

* + - For patients commencing on methadone at the end of a week, careful consideration should be given to pharmacy opening hours and take-home doses due to potential risk of overdose.
    - 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 during initial stages of treatment after which time dispensing arrangements may be reviewed on an individual patient basis. It is good practice for a prescriber to contact community pharmacy before making changes to dispensing arrangements. If the community pharmacy is concerned regarding such changes this should be discussed with the prescriber.

**Buprenorphine**

NHS Grampian guidance for the prescribing of buprenorphine products can be accessed at: [Guidance for the use of buprenorphine and buprenorphine with naloxone for the Treatment of Opioid Dependence in NHS Grampian](https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/Guide_Buprenorphine.pdf)

**Buvidal ®**

Buvidal**®** is a long acting, subcutaneous buprenorphine injection. Guidance on Buvidal**®** as a treatment option can be found:

[nhsgrampian.org/globalassets/services/medicines-management/policies/guide\_buvidal.pdf](https://www.nhsgrampian.org/globalassets/services/medicines-management/policies/guide_buvidal.pdf)

Currently community pharmacies may have agreements with local specialist services to dispense Buvidal**®** for collection and administration by specialist service staff. Buvidal**®** is not licensed for self-administration and therefore dispensed prescriptions should ALWAYS be issued to a healthcare professional.

Participating pharmacies who are signed up to the local service level agreement may also administer Buvidal**®** to agreed patients. At time of writing (Aug 2024) this service is being evaluated to explore expansion to the wider pharmacy network, it is currently an invited service only.

## 4.3 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 a missed dose so any action/ information they feed back to the clinician may be critical in ensuring the wellbeing of the patient. It may be that the patient has limited contact with other healthcare professionals 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 when the prescriber/and or keyworker 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, this may be especially relevant if the weekend is approaching and Friday could be 3rd missed dose.

Missing doses can reduce tolerance to opioid replacement therapies and increase the risk of overdose where further doses are administered. The following advice regarding missed doses is relevant for both methadone and all oral buprenorphine containing products:.

* + - 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 or re-starting treatment 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 one or two doses are missed, then the following day the daily dose may be supplied although the staff should discuss with the patient the reason for missing the dose and may consider contacting the prescriber or keyworker if they have concerns.
    - When it is identified that a patient misses 2 days it is good practice to pro-actively contact the keyworker so that efforts can be made to contact the patient to avoid the need for re-titration. This is especially important if a patient misses 2 days prior to the weekend where, Friday would be day 3. Services should be contacted to discuss a pre-emptive plan for over the weekend.
    - **If a patient misses 3 or more consecutive days of opioid replacement therapy withhold the dose and contact the clinician urgently 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, extra caution should be taken when assessing the patient for sedation and/or intoxication prior to supervising or dispensing subsequent doses. (See section 4.3)
    - If a patient misses 5 consecutive days of opioid replacement therapy the dose should be reduced and re-titrated. 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.

## 4.4 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 assessed by the pharmacist and an assessment made if providing the dose at the current time is appropriate. If felt it is not appropriate to supply the dose then 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 keyworker contacted. It is safer to withhold the dose than risk overdose.

## Moving between “Supervised” and “Take Home” dispensing

Supervised self-administration should be continued for a length of time appropriate to the patient’s needs and risks. 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 keyworker 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 see the patient less frequently. 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 (drugs or alcohol)
    - missing doses
    - mental health concerns
    - physical health concerns
    - concerns of doses being sold (personal diversion or coercion) or stolen
    - safety of medicines stored in the home
    - child protection concerns
    - adult support concerns

## 4.6 Additional Practical Dispensing Points (see also Appendix 7)

* + - 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. This allows 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 OST should be followed by a drink of water or a chat to ensure that the full dose has been consumed. This time can be used to check how patient is managing the 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.
    - It is a legal requirement to be in possession of a Controlled Drug prescription before a supply is made. In certain extenuating circumstances there may be occasions when requests will be made by prescribers for Controlled Drugs to be dispensed before it is possible for the pharmacist to receive the original prescription. Pharmacists are reminded of GPhC Standard 1, ‘Pharmacy Professionals Must provide Person Centred Care”. In circumstances where the pharmacist feels that it is appropriate to respond to such requests, for example in the case of urgent patient need, a phone call from the prescriber or the specialist pharmacist, together with receipt of a secure emailed prescription from a confirmed source will provide an assurance that the request is genuine and that a prescription has been written. This advice is not intended to set a precedent and is only considered appropriate in exceptional circumstances on a case-by-case basis.

## 4.7 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**: "Please dispense instalments due on pharmacy closed days on a prior suitable day”

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

“If an instalment’s collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment”

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

If there are errors noted on a prescription, pharmacists can amend minor technical errors such as misspellings, or omission of either the words or figures for the total quantity – but not both. Any further errors should be corrected by the prescriber.

Examples of prescriptions are provided in Appendix 8 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.

The Department of Health and the Scottish Government have issued a strong recommendation that the maximum quantity of Schedule 2, 3 or 4 Controlled Drugs prescribed should not exceed 30 days; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period.

It is a legal requirement for the date to be marked on the prescription at the time of supply of a Schedule 2 or 3 Controlled Drug. The PC70 is linked to the prescription by the prescription’s serial number and allows multiple supplies to be annotated. On completion of the prescription the PC70 must be submitted to Practitioner Services.

## 4.8 Communication with the multi-disciplinary team

It is proposed that any routine communication between the prescriber, keyworker and pharmacist and vice versa should be made by email using the Action Request Form (appendix 5). 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 6 and 10.

## 4.9 Dispensing Errors

Pharmacies should have SOPs that outline processes to minimise the risk of dispensing errors. However, should a patient receive the incorrect dose then steps must be taken to ensure the safety of the patient.

Pharmacies should keep a list of methods of contact for all patients so that they can make contact with them in the case of a dispensing error. The patient’s prescriber should also be notified and an agreement made on the most appropriate action to take.

If you are unable to contact the patient then other options must be considered, such as safe and well checks.

Errors should also be recorded and reviewed to reduce the chance of them happening in the future. There is also a requirement for them to be reported to the accountable officer**.**

# Drug Interactions

Where a patient is receiving prescriptions from various services, community pharmacies often hold the most comprehensive list of ALL prescribed medications. 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 OST. Equally some prescriptions may increase the metabolism of OST leading to symptoms of withdrawal. The dose of OST may need 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. Crediblemeds is a useful source of information regarding QT prolonging medications - [crediblemeds.org](http://crediblemeds.org)

The BNF, Stockley's and Summary Product of Characteristics provide key information on drug interactions.

Pharmacists should consider that patients may also be prescribed medications through acute services that that they will not have a dispensing record of, for example treatment for blood bourne viruses (BBVs) such as Hepatitis C and HIV. These may impact on OST 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 [Liverpool HEP Interactions (hep-druginteractions.org)](https://hep-druginteractions.org/checker)

# 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.

# Blood Borne Viruses and Safer Injecting Advice

In the initial stages of treatment with an opioid substitution 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 may also be at risk of harm 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 (a list of services can be found in appendix 11)
* Emphasising the importance of using sterile injecting equipment
* Encouraging use of a new set of injecting equipment for every injecting episode
* Discouraging sharing of paraphernalia with others, including sexual partners
* Rotating site of injection
* Utilising pharmacy first for supporting patients where appropriate

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/](https://web.nhs.net/OWA/redir.aspx?C=iMiO3SN_v02C9C3IE4VDWzjrYRcHJtJIOVMajpvTXRwm29ayntaTNIUST9jt-b_BooRUN5JDp2k.&URL=http%3a%2f%2fwww.frontiersharpsafety.com%2f)

# 8. Public Protection

Public protection is everyone’s business and responsibility and pharmacy teams have an important role in safeguarding children and vulnerable adults. Every member of the workforce in Scotland has a role to play in understanding and responding to people who are being harmed or may be at risk of harm.  Public protection refers to the prevention of harm which can include, for example, child protection; adult support and protection; violence against women and girls; and alcohol, drugs and other substance use.

The National Guidance for Child Protection in Scotland 2021, recognises that although some professionals have specific roles and responsibilities in ensuring that children are protected, “everyone has a job in making sure children ‘are alright’. The Guidance underlines the responsibilities of adult services to consider the needs of children and their parents where vulnerability and protection needs are identified.

Pharmacy staff should be mindful of their responsibility in helping to protect children and adults from harm.  The needs of the child are paramount and the useful information sheet (appendix 2) makes it clear to patients at the commencement of the contract that pharmacy staff are obliged to put the safety of children first.

Further training on public protection is available on TURAS: <https://learn.nes.nhs.scot/64316/public-protection>

Each local authority area has established a Child Protection Committee.  Locally these are Aberdeen City, Aberdeenshire and Moray. See Appendix 9.

The three Child Protection Committees 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: <https://childprotectionpartnership.org.uk/>

The National Guidance For Child Protection in Scotland, 2021, is adopted by all three area Child Protection Committees to ensure that children are safe and protected from harm.

**Parents and substance use**

With specific regard to children of parents who use substances, 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 as appropriate.  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.

**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.

* 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 :
  + Aberdeen City, Tel. 01224 070807
  + Aberdeenshire, Tel. 01467 537111
  + Moray, Tel. 01343 554370
  + or Police Scotland (101) can also be contacted for advice.

* 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:
* <https://www.aberdeencity.gov.uk/services/social-care-and-health/child-protection>
* <https://www.aberdeenshire.gov.uk/children-and-families/report-child-abuse/>
* <http://www.moray.gov.uk/moray_standard/page_55497.html>

You should record any safeguarding interventions you provide, as well as the outcome of these interventions.

Pharmacies should be able to signpost, and have a range of relevant information resources available that can be used to providing support to vulnerable people e.g. poverty support, food banks, domestic violence support. These should be in an accessible format and include details of local services and agencies.

Guidance on adult support and protection is included in appendix 9.

# 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.

## 9.1 Clinical guidance documents

* + - NHSG Medication Assisted Treatment Guidance

<https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/guide_mat_cs.pdf>

* + - Drug Misuse and Dependence: UK guidelines on clinical management

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf>

* + - NHSG guidance for oral buprenorphine containing products <https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/Guide_Buprenorphine.pdf>
* NHSG guidance for Buvidal®

<https://www.nhsgrampian.org/globalassets/services/medicines-management/policies/guide_buvidal.pdf>

* + - NHSG guidance for benzodiazepines <https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/NHSG_BenzoZnovls.pdf>
    - “The Ashton Manual” [www.benzo.org.uk](http://www.benzo.org.uk)
    - NHSG Naloxone PGD for supply to individuals at risk of overdose <https://www.nhsgrampian.org/globalassets/services/medicines-management/policies/guide_naloxones.pdf>

## 9.2 Leaflets and resources

* + - [Substance use: Core module | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/71291/pharmacy-cpd-resources/therapeutics-and-patient-factors/central-nervous-system/substance-use/substance-use-core-module) this educational resource provides a background to the extent of substance use in Scotland, as well as outline the issues surrounding this. In particular there will be a focus on pharmaceutical care for people who use drugs. Although focusing on community pharmacy the pack will be of interest to all pharmacists and pharmacy technicians.
    - <https://learn.nes.nhs.scot/70968/pharmacy-cpd-resources/pharmacy-services-essential-learning/community-pharmacy/community-pharmacy-emergency-naloxone-holding-service> Following release of the Drug Death Taskforce Report (published 2022), it stated that all community pharmacies should hold naloxone for administration in an emergency. The introduction of this national community pharmacy service enables a Once for Scotland approach so that all pharmacies will hold naloxone for administration in an emergency and therefore deliver on this action. This contains training modules for the Community Pharmacy emergency holding of naloxone national service along with an FAQ document
    - <https://learn.nes.nhs.scot/37899/national-trauma-transformation-programme/trauma-skilled> - learning resources for trauma informed practice
    - Harm reduction online training can be accessed at: [www.frontiersharpsafety.com](http://www.frontiersharpsafety.com)
    - [Aberdeen in Recovery](https://www.aberdeeninrecovery.org/)

The following Leaflets/Resources are available in hard copy from Health Information Resources Services. Tel: (01224) 558504; Online: [www.nhsghpcat.org](http://www.nhsghpcat.org); Email: [gram.resources@nhs.scot](mailto:gram.resources@nhs.scot)

* 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.
* The methadone handbook
* 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)
* Treatment of drug dependence: What you need to know
* Prenoxad injection “Assembly and Administration Guide”
* Local Service support leaflets e.g. Alcohol and Drugs Action , North Aberdeenshire Recovery Service (TPS), Arrows
* Drug information cards on different substances

## 9.3 Child protection guidance documents

National Guidance For Child Protection In Scotland (Scottish Government. 2021) <https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/>

# 

# APPENDICES

## Appendix 1: New Patient Information Form

Pharmacy Name Date

**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 Substitute Treatment (OST): Current OST treatment plan:

Methadone  Maintenance dose

Oral Buprenorphine  Upwards titration/stabilisation

Buvidal Injection  Reducing dose

None  N/A

Other substance use/mental health items prescribed:

Diazepam for dependence  Hypnotic

Anti-depressant  Anti-psychotic

Other (outline below)

Known co-existing physical or mental health conditions:

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

Additional relevant information:

To be completed by the lead clinician for all new patients and for those changing pharmacy

## Appendix 2: Useful Information Sheet

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.
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 keyworker may contact us for an update on your progress.
3. As a Health Professional we must consider the safety of children and adults (including you) and if any concerns are identified 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 - Friday -

Tuesday - Saturday -

Wednesday - Sunday –

Thursday -

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.

1. We will ask for identification to help pharmacy staff ensure that the correct patient receives the correct medication.
2. If you come into the pharmacy heavily 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 keyworker where appropriate.
3. If you miss more than two doses of methadone/buprenorphine we may have to withhold the dose as it could be dangerous to give it to you. We will discuss with your prescriber or keyworker 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: Date:

Pharmacist/Pharmacy staff member name:

****

## Appendix 3: 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 Use Services.

1. Is starting dose appropriate? (Generally 10-30mg of methadone)\* Yes  No
2. Has consideration to take home doses been considered?\* 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/oral buprenorphine etc) or being re-titrated after a break in treatment)

1. Have you received New Patient Information Form from the Prescriber?\* Yes  No
2. Discuss content of Useful information sheet and complete Completed

1. Ask patient for photo to assist identification or confirm identity Completed
2. Discuss/provide Patient Information Leaflet for prescribed medications Completed
3. Advise patients to take dose(s) at roughly the same time each day Completed
4. Discuss dangers of missing doses Completed
5. Discuss signs and symptoms of overdose Completed

1. Signpost/provide naloxone training or supply as appropriate Completed
2. 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:

SLA for the Provision of Substance Use Services from Community Pharmacy

**Ongoing record of care**

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

|  |  |  |
| --- | --- | --- |
| Date | Note of key interventions# | Pharmacist name |
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#A record is not required for every attendance only for key actions or interventions undertaken.

## Appendix 4 : Patient Checklist

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| **Section A: For every prescription** |
| 1. Is the prescription legally correct? |
| 1. If present, is the Home Office wording correct? |
| 1. Are doses of prescribed medication appropriate? |
| 1. Are dose increases and decreases appropriate? |
| 1. Are dispensing instructions appropriate? |
| 1. Are there any drug interactions of clinical significance? |
| 1. Advise on safe storage of “take home” doses |
| **Section B: For patients who are new to Opioid Substitution Therapy (methadone/ oral buprenorphine etc), returning after a break in treatment or new to pharmacy** |
| 1. Is starting dose appropriate? |
| 1. Have you received a “New Patient Information Form” from the lead clinician? |
| 1. Discuss content of the “useful information sheet” and complete |
| 1. Discuss the opening hours of the pharmacy |
| 1. Confirm identify of patient |
| 1. Ensure patient has been issued with appropriate PIL(s) and verbal information for prescribed medication NB: methadone where leaflet not routinely available see [www.patient.co.uk](http://www.patient.co.uk) to obtain a generic leaflet. |
| 1. 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 |
| 1. Advise patients to take dose at roughly the same time each day |
| 1. Discuss consequences and dangers of missing doses (See below and Section 4.3 of guidance document) |
| 1. Discuss safe storage of take home doses. Locked cupboard, out of reach of children etc |
| 1. Discuss key signs and symptoms of overdose, risks of overdose and issue naloxone leaflet/signpost for naloxone training. |
| * 1. Mixing multiple drugs and alcohol   2. Decreased tolerance (new batches of illicit drug, recently detoxed, abstinent etc)   3. Using drugs alone |
| **Section C: Routine Patient Safety/Monitoring Checks** |
| 1. Is it safe for patient to receive dose? |
| * 1. Does patient appear to be intoxicated through alcohol and/or drug use?   If Yes Withhold dose and contact prescriber as appropriate.   * 1. Dose patient appear drowsy or over sedated.   If Yes Withhold dose and contact prescriber as appropriate.   * 1. Has patient missed doses?      1. Missed any doses first week of treatment?   If YES contact prescriber.   * + 1. One off missed dose after the first week of treatment?   If YES, no action required unless additional issues present.   * + 1. 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.   * + 1. Regular single missed doses? If YES, contact prescriber.     2. 3 or more consecutive missed days? If YES Contact prescriber.     3. If a patient does not attend and you are worried for their safety, contact the prescriber to discuss. |
| 1. 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 |
| 1. Is patient’s physical appearance causing concern?   Potential sign that patient isn’t coping with treatment. |

(Patient Checklist continued)

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| --- |
| **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. |
| 1. Are there signs of positive progress?   Report on positives as well as concerns. |
| 1. Does the patient continue to attend under the influence of drugs or alcohol? |
| 1. Does the patient regularly miss doses? |
| 1. Any concerns of diversion or coercion of medicines? |
| 1. Does the patient have children?   If YES, will the patient be able to store methadone, buprenorphine and other medications safely and securely? |
| 1. Is the patient currently displaying mental health symptoms of concern? |
| 1. Does the quantity/volume of medication to be dispensed appear appropriate to take home? |
| 1. Pharmacy staff should attach a yellow methadone warning label to all take home doses of methadone. Available from NHSG Health Information Resources Service |

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| --- |
| **Section E: Ongoing Treatment Checks** |
| 1. Provide positive feedback on achievements, build rapport, encourage discussion |
| 1. Ensure patient has been issued with appropriate PIL(s) for prescribed medication NB: methadone where leaflet not routinely available. www.patient.co.uk |
| 1. Re-iterate importance of taking dose at roughly the same time each day |
| 1. 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. |
| 1. Confirm patient can recall the risks of overdose, key signs and symptoms. Routinely re-iterate (at least once a year minimum). |
| 1. Provide harm reduction advice and information and signpost as appropriate. This may include:    1. Provide sterile injecting equipment/signpost to nearest Injecting Equipment Provider.    2. Provide basic safer injecting advice and information.(utilise “A guide to safer injecting” leaflet to give out and aide in discussion)    3. 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    4. Reduce risk of injecting site injuries by rotating site.    5. 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 |
| 1. Be vigilant in considering potential risk or harm to children in contact with patients |
| 1. See service specification for advice on dealing with child protection concerns |
| **Section H: Adult Support and Protection** |
| See guidance  (Appendix 9 Service Specification & Guidance Document) |

## Appendix 5: 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  Issue with Prescription

Query or change to instalment dispensing  Patient missing collection of instalments

Patient attending pharmacy intoxicated  Request for progress update

Concern over physical or mental health  Other

Brief outline of action request:

Response to action request required?  YES  NO

Response to action request (if YES):

Name of person initiating action request: Date:

Name of person responding to action request Date:

## Appendix 6: 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 keyworker 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 keyworker 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.scot account.

**Specialist Substance Use Service Generic Email Addresses**

|  |  |  |
| --- | --- | --- |
| **Email/ Distribution List Address** | **Substance Use Services Covered** | **Area** |
| [**Gram.fultonenquires@nhs.scot**](mailto:Gram.fultonenquires@nhs.scot) | **All Fulton Clinic prescriptions** | **Aberdeen City** |
| [**gram.southcentralsms@nhs.scot**](mailto:gram.southcentralsms@nhs.scot) | **Keyworkers based in GP practices** | **Aberdeenshire Central and South** |
| **Gram.timmermarket@nhs.scot** | **Timmermarket Clinic** | **Aberdeen City** |
| [**gram.kessockclinic@nhs.scot**](mailto:gram.kessockclinic@nhs.scot) | **Keyworker based in GP practices** | **Aberdeenshire North** |
| **All Kessock Clinic prescriptions** | **Aberdeenshire North** |
| **gram.midasadministration@nhs.scot** | **All Moray prescriptions** | **Moray** |

**(Updated July 2024)**



## Appendix 7: 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 –email: gram.primarycare@nhs.scot call: 01224 552894).
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 oral buprenorphine containing products (e.g. Suboxone®, Subutex ® ,Espranor ®):**

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. For Suboxone/Subutex ask the patient to tip the tablet(s) under the tongue without handling and advise not to chew or swallow.
4. For Espranor ask the patient to tip the tablet(s) ON the tongue without handling and advised not to chew or swallow.

1. Observe the patient for 4-5 minutes to ensure the active ingredient has been absorbed. Espranor dissolves much faster
2. The pharmacist or designated staff should make a final check that the tablet(s) has/have dissolved by asking to look under/on the patients tongue. A small amount of white pulp may remain for up to 15 minutes with suboxone/subutex but contains little active product therefore the patient may be permitted to leave at this point.

## Appendix 8: Examples of appropriate legal handwriting requirements and Home Office wording





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## Appendix 9: 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; neighbors; 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

**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.**

**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: 0800 7315 520

Out of Hours: 0800 7315 520  
E-mail: [APSW@aberdeencity.gov.uk](mailto:APSW@aberdeencity.gov.uk)

* Aberdeenshire Council: [01467 533100](tel:01467533100)  
  Out of Hours: [03[456 08 12 06](tel:03456081206)](tel:03456081206)  
  E-mail: [adultprotectionnetwork@aberdeenshire.gov.uk](mailto:adultprotectionnetwork@aberdeenshire.gov.uk)
* Moray Council: **01343 563999**  
  Out of hours: **01343 563999**  
  E-mail: [accesscareteam@moray.gov.uk](mailto:accesscareteam@moray.gov.uk)

## Appendix 10: Useful Contacts

|  |  |
| --- | --- |
| **Substance Use Pharmacists**  Grampian: For Generic Advice email  **Lead Pharmacist**  Lucy Skea (Monday, Tues, Weds, Thursday only)  **Aberdeen city:**  Bethany Potter: full-time  Jill Carnegie: full time  **Aberdeenshire:**  Andrew Mckechnie full-time Aberdeenshire:  Alana Gibbs (Tues, Wed, Thurs, Friday)  Emma Mitton (Tues,Wed and Fridays only) | gram.smspharmacists@nhs.scot  [Lucy.skea@nhs.scot](mailto:Lucy.skea@nhs.scot)  [Bethany.potter1@nhs.scot](mailto:Bethany.potter1@nhs.scot)  Jill.carnegie@nhs.scot  [Andrew.mckechnie5@nhs.scot](mailto:Andrew.mckechnie5@nhs.scot)  Alana.gibbs@nhs.scot  Emma.mitton@nhs.scot |
| **Pharmacy and Medicines Directorate**  David Pfleger – director of pharmacy  Lesley Coyle – deputy director of pharmacy | T: 01224 556088 |
| **Pharmaceutical Care Services**  Laura Karim -Pharmaceutical Services Development and Improvement Manager  Suzanne Cowie – Public Health Practitioner (Aberdeen City and Aberdeenshire South)  Craig Marr – Pharmaceutical Care Services Project Support Manager  Denise Sterling – Public Health Practitioner  Marie Livingston – Admin Assistant | Gram.pharmaceuticalcareservices@nhs.scot |
| **Controlled Drug Pharmacy Team**  Sandra Jamieson  Byrony Payne  Lyne Robertson  Craig Marr (Monday) | T: 01224 5556800  gram.cdteam@nhs.scot |
| **Primary Care Contracts Team**  (Payment enquiries, invoices etc) | 07500033696  gram.pcctpharmacy@nhs.scot |
| **Health Information Resources Service**  (Leaflets etc.) | 01224 558504  https://www.hpac.durham.gov.uk/HPAC//HPACIndex.jsp?sitename=www.nhsghpcat.o |
| **Primary Care Stores**  (To order cups etc.) | 01224 552894  gram.primarycare@nhs.scot |

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| **NHS CLINICAL TREATMENT SERVICES, PRISON AND SOCIAL WORK** | |
| **Integrated Drug Service**  Timmermarket Clinic, 1 East North Street Aberdeen | T: 01224 651130  gram.timmermarket@nhs.scot |
| **Moray Integrated Drug and Alcohol Service**  11 North Guildry Street, Elgin | T: 01343 552211  gram.midasadministration@nhs.scot |
| **Substance Use Service – Aberdeen City & Aberdeenshire South and Central Teams**  (GP practice based CPNs and Fulton Clinic)  Fulton Clinic, Royal Cornhill Hospital, Aberdeen | T: 01224 557212  gram.fultonenquiries@nhs.scot |
| **Substance Use Service – Aberdeenshire North**  Kessock Clinic, Fraserburgh | T: 01346 585160  gram.kessockclinic@nhs.scot |
| **HMP &YOI Grampian**  South Road, Peterhead | T: **01779 485600 (main switchboard)** |

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| **ADULT PROTECTION SERVICES** | |
| **Aberdeen City Council Social Work Duty Team** | T: 0800 7315 520  E-mail: [APSW@aberdeencity.gov.uk](mailto:APSW@aberdeencity.gov.uk)  Website: <https://www.aberdeencity.gov.uk/Aberdeen-Protects/protecting-adults> |
| **Aberdeenshire Social Work** | T: [01467 533100](tel:01467533100) Out of Hours: [[03456 08 12 06](tel:03456081206)](tel:03456081206) E-mail: [adultprotectionnetwork@aberdeenshire.gov.uk](mailto:adultprotectionnetwork@aberdeenshire.gov.uk)  Website:  <https://www.aberdeenshire.gov.uk/social-care-and-health/local-social-work-office/> |
| **Moray Council Social Work Access Team** | T: **01343 563999**  **E-mail:** [accesscareteam@moray.gov.uk](mailto:accesscareteam@moray.gov.uk)  **Website:**  <http://www.moray.gov.uk/moray_standard/page_63851.html> |

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| **CHILD PROTECTION SERVICES** | |
| **Aberdeen City Child protection Team** | 0800 731 5520 |
| **Aberdeen City Emergency Out of Hours Child Protection Team** | 0800 731 5520 |
| **Aberdeenshire Child Protection Team** | [01467 537111](tel:01467537111) |
| **Aberdeenshire Emergency Out of Hours Child Protection Team** | [03456 08 12 06](tel:03456081206) |
| **Moray Child Protection Team** | **01343 554370** |
| **Moray Emergency Out of Hours Child Protection Team** | **03457 565 656** |

## Appendix 11: Needle Exchange sites

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| **ABERDEEN CITY** | |
| **ADA (Alcohol and Drugs Action)**  7 Hadden Street, Aberdeen | T: ***:*** 03333 448355  T: 01224 594700 (Helpline)  W: [www.alcoholanddrugsaction.org.uk](http://www.alcoholanddrugsaction.org.uk) |
| **Gardner Drive Pharmacy**  68 Gardner Drive, Kincorth, Aberdeen, AB12 5SD | (01224) 874608 |
| **Douglas Dickie Chemist**  96 Victoria Road, Torry, Aberdeen, AB11 9DU | (01224) 878459 |
| **Holburn Pharmacy**  560 Holburn Street, Aberdeen, AB10 7LJ | (01224) 581685 |
| **John Ross Chemists**  109 Hayton Road, Tillydrone, Aberdeen, AB24 2RN | (01224) 277434 |
| **Rowlands Pharmacy**  City Hospital, Park Road, Aberdeen, AB24 5AU | (01224) 636597 |
| **Bucksburn Pharmacy**  9-11 Inverurie Rd, Bucksburn, Aberdeen AB21 9LJ | (01224) 714476 |
| **Clear Pharmacy**  3 Alford Place, Aberdeen, AB10 1YD. | (01224) 646325 |
| **Ferryhill pharmacy**  9 Millburn Street, Aberdeen, AB11 6SS | (01224) 580950 |
| **Lewis Road Pharmacy**  Lewis Road, South Sheddocksley, Aberdeen, AB16 6TU | (01224) 699424 |
| **Dickies Pharmacy**  9 Victoria Street, Dyce, Aberdeen, AB21 7AU | (01224) 722275 |
| **Dickies Pharmacy**  44 Moir Green, Northfield, Aberdeen, AB16 7GS | (01224) 697978 |

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| **ABERDEENSHIRE** | |
| **Alcohol and Drugs Action**  Mobile service covering all areas | Call Alex on 07743 936124 |

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| **SOUTH ABERDEENSHIRE** | |
| **Charles Michie Chemist**  24 Market Square, Stonehaven, AB39 2BE | (01569) 762298 |
| **Davidsons Chemists**  61 High Street, Banchory, AB31 5TJ | (01330) 822542 |

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| **NORTH ABERDEENSHIRE** | |
| **Nhsg Grampian Drug and alcohol service**  48 Broad Street, Fraserburgh, AB43 9AH | (01346) 585160 |
| **Buchanhaven Pharmacy**  23 Skelton Street, Peterhead, AB42 1HR | (01779) 473525 |
| **Strachan Pharmacy**,  69 High Street, Banff, AB45 1AN | (01261) 812404 |
| **Webster’s Pharmacy,**  45 High Street, Strichen, AB53 6SQ (Part time) | (01771) 637204 |

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| **CENTRAL ABERDEENSHIRE** | |
| **Duke Street Pharmacy**  26 Duke Street, Huntly, AB54 8DL | (01466) 792141 |
| **Strachan Pharmacy**  29 Main Street, Turriff, AB53 4AB | (01888) 562403 |
| **Will Chemists**  35 West High Street, Inverurie, AB51 9QQ | (01467) 620475 |

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| **MORAY** | |
| **Arrows (a Quarriers’ service)**  23 High Street, Elgin, IV30 1EE | (01343) 543792 |
| **Bishopmill Pharmacy**  20 North Street, Bishopmill, Elgin, IV30 4EF | (01343) 547374 |
| **Right Medicine Pharmacy**  23a Clifton Road, Lossiemouth, IV31 6DJ | (01343) 812818 |
| **Your local Boots Pharmacy**  88/94 High Street, Forres, IV36 1NX | (01309) 673370 |
| **Your local Boots Pharmacy**  Glassgreen Centre, 2 Thornhill Road, Elgin, IV30 6GQ | (01343) 542186 |
| **Baird’s Pharmacy**  175-177 High Street, Elgin, IV30 1DW | (01343) 542571 |
| **Clark’s Pharmacy**  12-18 Regent Street, Keith, AB55 5DU | (01542) 882553 |
| **Right Medicine Pharmacy**  1 High Street, Buckie, AB56 1AL | (01542) 831116 |