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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1. Introduction

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

2. 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)

Contractors participating in the delivery of this service are responsible for ensuring all pharmacy staff are sufficiently competent in delivering the SLA. Pharmacists (including locums), and pharmacy staff involved in delivery of the SLA 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 ." 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.**

3. What does the service involve?

New Patient Information Form (appendix 1)

When dispensing of ORT for a new patient is arranged at the pharmacy, each patient's clinician should forward key information to the pharmacy using the New Patient Information Form (Appendix 1). This will contain a brief outline of the proposed treatment plan, details of others involved in the person's care and any key issues of note to assist pharmacists and pharmacy staff in the management of patients.

Pharmacy Information Sheet for New Patients (ORT) (appendix 2)

The pharmacy should share a "Pharmacy Information Sheet for New Patients (ORT)" with each patient. A template is provided (appendix 2), which pharmacies may use or adapt, 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, some patients may not have good literacy skills.

Patient Clinical Care Record (appendix 3)

Pharmacists will start a Patient Clinical Care Record (appendix 3) for every patient. It is recommended that the record is held electronically. If not held electronically then it needs to be readily available to all staff working in the pharmacy, including locums.
The first page 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 ORT (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 record will form the basis of feedback on patient progress to the prescriber or clinician at their request.

Patient Checklist (appendix 4)

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.

4. Further Information on the Patient Checklist and 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.

- **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 this would also require a New Patient Form or update.

- **Discuss content of Pharmacy Information Sheet for New Patients (ORT) and sign**

Pharmacies should provide the service for the entirety of their contracted opening hours. Pharmacies should not stipulate 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 and or email address should be recorded so that patients can be contacted in the case of an emergency pharmacy closure. We suggest regularly confirming patients contact methods to ensure they are kept up to date.

- **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 medication(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 is a useful reference source, as is www.choiceandmedication.org/nhs24 which contains leaflets in different formats and languages. 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 and regularly reinforced. 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 and 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
- Blue lips

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

There are a number of resources/leaflets that can assist in covering the topic of overdose **(Section 9**)

All Pharmacies as part of the Level 1 substance use service SLA must provide/offer "take home Naloxone" to all patients who are on opioid replacement therapy . " Take home" naloxone can also be provided to anyone likely to witness an overdose or at risk themselves from prescribed/illicit opioids including opioid analgesia. Guidance on supply of take-home naloxone can be found NHSG Guidance on Take Home Naloxone .

For additional support with Naloxone, patients can 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" , Lumphart Cottage (at rear of Inverurie Town Hall), Port Road, Inverurie, AB51 3SP
- "Step-in", 88 King Street, Peterhead, AB42 1UH

- "Step-in", Seafield House, 37 Castle Street, Banff, AB45 1FW
- "Step-in", Faithlie center, 1 Saltoun square, AB43 9DA
- Arrows, 40-42 Moss Street, Elgin, IV30 1QT
- MIDAS, 11 North Guildry Street, Elgin, IV30 1JR
- Aberdeen in recovery, 41 Union Street, 1st Floor Left, AB11 5BN, 01224 638 342

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 and https://www.stopthedeaths.com/resources. SmPC's for naloxone products also have printable patient information leaflets and materials https://www.medicines.org.uk/emc.

In addition to supplying take home naloxone, **every pharmacy should hold a minimum of TWO naloxone kits for use in an emergency situation**. This service is no longer part of the local service agreement as there is now a **compulsory** 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/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. Water should not be given immediately after consumption of oral buprenorphine based products, but can be given before to help moisten the mouth
- 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 a prescription, the named clinician on the prescription should be contacted. Drug Misuse and Dependence: UK guidelines on clinical management, as well as local treatment guidance documents **(section 9**) contain 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 daily. 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 should review the patient between dose increases.

- The average dose range for a stable patient will generally fall between 60mg and 120mg daily 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 e.g. phenytoin, carbamazepine.

- 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 the community pharmacy before making changes to dispensing arrangements. If the community pharmacy is concerned regarding such changes they should discuss these with the prescriber.

Buprenorphine

NHS Grampian guidance for the prescribing of buprenorphine products can be accessed at:
Guidance For The Use Of Oral Buprenorphine Products For The Treatment Of Opioid Dependence In Grampian

Buvidal ®

Buvidal® is a long acting, subcutaneous buprenorphine injection. Guidance on Buvidal® as a treatment option can be found:
Guidance for prescribing and administration of Buprenorphine subcutaneous injection (Buvidal) for treatment of opioid dependence in Grampian

Currently community pharmacies may have agreements with local specialist drug and alcohol 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. It is currently an invite service only.

4.3 Advice and Action to be taken for Missed Doses/Non-Attendance:

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); or missing doses/collections. 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 to advise.

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 a change in work pattern, 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 potential issue so any action they take 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. 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 the most appropriate action. There is further advice below regarding missed doses however should a missed dose/collection raise concern the pharmacy should first attempt to contact the patient directly, if this is not possible/successful then the concern should be raised to the appropriate clinician. If there are serious concerns for a patients welfare than a police welfare check may be deemed appropriate.

Pharmacies should have a robust system in place which flags up when doses or collections have not been picked up. This may vary between pharmacies however all staff must be aware of the process. Some examples of processes in pharmacies are:

- use of electronic systems such as methameasure
- utilising PC70 forms and highlighting when a dose is missed
- having separate trays for prescriptions for before and after patient collection so that it is clear who has not attended at the end of a day
- utilising a diary where missed doses can be noted and left clearly for staff the next day
- utilising a message board

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:

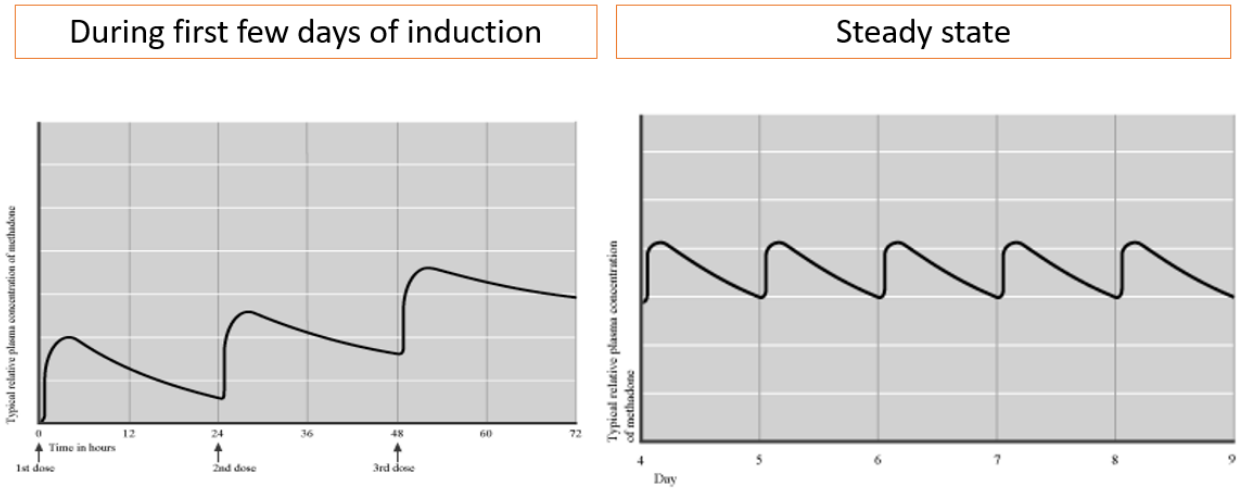
Patients being stabilised on ORT or re-starting following missed doses (titration phase)

- While a patient's dose is being stabilised (either during induction onto ORT or re-induction following missed doses) extra care must be taken, especially with methadone due to the unpredictable pharmacokinetics (plasma levels can take 3-10 days to stabilise – see image below). Compliance on a dose should be ensured before increases so it is important that missed doses during the titration period are reported to clinicians.

- If a patient who is new to treatment, titrating or re-starting treatment misses a collection during the titration period, the prescriber should be made aware as tolerance may still be variable and being aware of compliance will help inform titration planning. However treatment should not routinely be withheld by the pharmacy following one or two missed doses unless there are concerns regarding the patient's presentation, the prescriber has requested this, or the patient is due to increase their dose.

- When a patient presents a prescription for an increasing dose during the titration period but has missed prior days, or the first day of the titration dose for buprenorphine, then the prescriber should be contacted for advice (if they have not already been in contact) to ask if the increased dose can be issued.

Pharmacokinetics of methadone during induction:



After this initial period/once stabilised on a dose:

- If one or two doses are missed then the daily dose may be supplied the following day, although the staff should discuss with the patient, in a supportive manner, the reason for missing the dose and may consider contacting the prescriber/clinician if they have concerns.

- When it is identified that a patient misses 2 days it is good practice to pro-actively contact the prescriber/clinician or patient so that efforts can be made 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**. (Note: There are situations where consideration can be given to continuing oral buprenorphine doses if less than 5 days have been missed – please see oral buprenorphine guidance for more information). Explain to the patient that the dose is being withheld for safety reasons. It may be necessary to reduce the dose, especially for methadone 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.

- If a patient misses 5 consecutive days of opioid replacement therapy the dose should be re-titrated from the appropriate starting dose. The pharmacist should contact the clinician to discuss. If the patient appears 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.

Additional points

- 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.

- The pharmacy should not wait until the patient attends following missed doses before taking action, this may be especially relevant if the weekend is approaching and Friday could be 3rd missed dose. In response to missed doses, where the current prescription cannot be safely continued, the pharmacy should contact the clinician and agree the appropriate course of action – if the patient presents before a plan has been agreed the pharmacy should provide support to the patient. This could be offering to call them once a response has been obtained or calling the clinician again advising the patient is in the pharmacy. Patients should not be directed to clinicians without the pharmacy first trying to make contact with the clinician directly.

Please see appendix 11 for a printable summary aide-memoire - "MISSED DOSES OF OPIOID REPLACEMENT THERAPY. Community Pharmacy Guide"

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 could be 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 it should be explained to the patient that the instalment cannot safely be dispensed to them due to concerns about it causing harm. 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/clinician contacted, this should also be noted in patients clinical care record. It is safer to withhold the dose than risk overdose.

4.5 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/clinician 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, clinician 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 ORT should be followed by a drink of water (after methadone only) 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 and controlled drug management 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”

For 3 consecutive missed days: “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. All efforts should be made to ensure that prescriber errors on prescriptions are identified and rectified as soon as possible as to not impact patient care.

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

Specialist Drug and Alcohol Services will be managing the majority of patients on ORT, this may also happen in collaboration with their general practice. There will however be some patients who will be managed and prescribed ORT solely by GPs. Prescriptions therefore may be generated and issued on GP10s or HBPA SS forms. If the patient is being managed by a clinician in Specialist Drug and Alcohol services, the name of their clinician should be noted on the prescription and any clinical queries related to those prescriptions should be directed to the appropriate named clinician. For those who are managed solely by GPs – these patients will only be prescribed on GP10s and have no named contact other than the General practice prescriber.

GP10 example



Named clinician

HBPA S example



It is proposed that any routine communication between the prescriber, keyworker and pharmacist and vice versa should be made by NHS email. Where appropriate the Action Request Form can be used **(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, prescription not allowing a dose to be dispensed or where the patient would be unfairly inconvenienced. Contact email addresses and phone numbers for specialist services can be found in **Appendix 6 and 9.**

Different professionals may manage different elements of people's care. Any clinical issues should be directed to the clinician and any social issues to the most relevant person as listed on the new patient information form or clinical care record. Other professionals such as third sector workers may contact you for information regarding a patient. Sharing information is important in improving patient care but you must also ensure that you respect patient confidentiality. If requests for information are coming from people who you have not previously been advised are involved in a person's care then you can discuss this with the patient and get their consent to share information, or contact their named clinician to discuss. This information can then be recorded in their clinical care record.

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/clinician 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 a requirement for them to be reported to the accountable officer**.**

5 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 ORT. Equally some medications may increase the metabolism of ORT leading to symptoms of withdrawal. The dose of ORT 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

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 ORT and it is worthwhile discussing with patients if they are prescribed any other medication. John Moore's University, Liverpool have developed a useful Hepatitis Drug Interaction Tool which can be found at Liverpool HEP Interactions (hep-druginteractions.org)

6 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. 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.

7 Blood Borne Viruses and Safer Injecting Advice

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

As well as the risks of overdose, the patient 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 10**)
- 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
- Encourage regular testing for BBVs

Supporting leaflets are available which provide more detailed advice and information. An online training resource for injecting equipment provision is available from:
Substance use | Turas | Learn
Further information on harm reduction can be found at:
https://sdf.org.uk/
https://www.crew.scot/

8. Public Protection

Public protection is everyone's business and responsibility and pharmacy teams have an important role in safeguarding children and vulnerable adults. Pharmacy staff should be mindful of their responsibility in helping to protect children and adults from harm.

Scottish Government Links:
- National child protection guidance - Child protection - gov.scot
- Adult support and protection - Social care - gov.scot

Training on public protection is available on TURAS: https://learn.nes.nhs.scot/64316/public-protection

What to do if you have a concern

There are specific arrangements in place for the reporting of both child protection and adult support and protection concerns.

For Adult Support and Protection concerns, you can contact the Health and Social Care Partnership's dedicated social work teams for your area:

	Email contact	Phone contact
Aberdeen City	APSW@aberdeencity.gov.uk	0800 731 5520
Aberdeenshire	Adultprotectionnetwork@aberdeenshire.gov.uk	01467 533100
Moray	accesscareteam@moray.gov.uk	01343 563999

For Child Protection concerns, if it is known or believed that a child is at risk of significant harm the facts and circumstances must be reported to the local duty Social Work Team.

Aberdeen City	Reception Team Joint Protection Unit Emergency Social Work Out of Hours	0800 731 5520 (0830-1700) 01224 070807 0800 731 5520 (1700-0830)
Aberdeenshire	Social Work Emergency Social Work Out of Hours	01467 537111 (0830-1700) 03456 081206 (1700-0830
Moray	Moray Family Protection Unit Emergency Out of Hours	01343 554370 03457 565656

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 you are unsure about a child protection concern staff can contact the NHS Grampian Child Protection Specialist Team at RACH for advice on 01224 551706.

Out of Hours, and weekends contact NHSG switchboard: 0345 456 6000. Ask for Duty Consultant Paediatrician Royal Aberdeen Children's Hospital.

If a child resides in Moray - Contact NHSG switchboard: 0345 456 6000 and ask to be put through to Duty Consultant Paediatrician Dr Gray's Hospital Elgin.

If a crime is suspected this should also be reported to the Police:
Police Scotland - Non Emergency on 101
Police Scotland - Emergency 999

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

- Local policies and guidance can be found at: https://www.nhsgrampian.org/service-hub/medicines-management/policies/a-z-local-policies--guidance
- This contains prescribing guidelines on :
    - Guidance For The Use Of Oral Buprenorphine Products For The Treatment Of Opioid Dependence in Grampian
    - Guidance for Prescribing and Administration of Buprenorphine Subcutaneous Injection (Buvidal®) for Treatment of Opioid Dependence in Grampian
    - Prescribing Guidance For Patients With Benzodiazepine Or Z Drug Dependence In Grampian
    - Guidance for Prescribing Medication Assisted Treatment (MAT) in Community Settings for Patients Experiencing Problematic Substance Use
    - Guidance For Services In Grampian To Supply Naloxone To People At Risk Of Opioid Overdose, Significant Others And Services In Contact With Those At Risk

- 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
- "The Ashton Manual" www.benzo.org.uk

9.2 Leaflets and additional resources

- Substance use: Core module | Turas | Learn (nhs.scot) 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
- Buvidal information, including downloadable patient information leaflets: https://www.buvidal.co.uk/?landing-page-accepted=true
- Recordings of local training events: https://www.communitypharmacy.scot.nhs.uk/nhs-grampian/pages/community-pharmacy-local-services/substance-use-service-sus-addiction-support/
- Harm reduction online training and substance information can be accessed at:
  - https://learn.nes.nhs.scot/71415/pharmacy-cpd-resources/therapeutics-and-patient-factors/central-nervous-system/substance-use
  - https://www.sdftraining.org.uk/
  - https://www.crew.scot/drugs-information/
- RADAR – Scotland's drugs early warning system. Includes information on emerging harms and publishes accessible, up-to-date information on services, harms and emerging drug trends
- Aberdeen in Recovery
- Overdose awareness leaflets - Resources — Stop The Deaths

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

- How to support someone after a near fatal overdose
- What to expect after a near fatal overdose
- 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

10. 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:

Substance Use 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):
- ☐ Methadone
- ☐ Oral Buprenorphine
- ☐ Buvidal Injection
- ☐ None

Current OST treatment plan:
- ☐ Maintenance dose
- ☐ Upwards titration/stabilisation
- ☐ Reducing dose
- ☐ N/A

Other substance use/mental health items prescribed:
- ☐ Diazepam for dependence
- ☐ Anti-depressant
- ☐ Other (outline below)
- ☐ Hypnotic
- ☐ Anti-psychotic

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 or clinician

Appendix 2: Pharmacy Information Sheet for New Patients (ORT)

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 worker 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.

5) We will ask for identification to help pharmacy staff ensure that the correct patient receives the correct medication.

6) 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 where appropriate.

7) 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 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:

Substance Use 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) see clinical guidelines in section 9 for more information* 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)

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

4) Discuss content of Pharmacy Information Sheet for New Patients (ORT) (appendix 2) and complete Completed ☐

5) Ask for means to assist identification or confirm identity Completed ☐

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

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

8) Discuss dangers of missing doses Completed ☐

9) Discuss signs and symptoms of overdose Completed ☐

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

11) Discuss safe storage of take home doses Completed ☐

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

Date checklist started:

Date checklist completed:

Ongoing record of care

Patient name:

CHI (Enter date of birth if CHI missing):

Date	Note of key interventions[#]	Pharmacist name

[#]A record is not required for every attendance only for key actions or interventions undertaken.

Appendix 4 : Patient Checklist

Section A: For every prescription
1) Is the prescription legally correct?
2) If present, is the Home Office wording correct?
3) Are doses of prescribed medication appropriate?
4) Are dose increases and decreases appropriate?
5) Are dispensing instructions appropriate?
6) Are there any drug interactions of clinical significance?
7) Advise on safe storage of "take home" doses
Section B: For patients who are new to Opioid Substitution Therapy (methadone/ oral buprenorphine etc), returning after a break in treatment or new to pharmacy
1) Is starting dose appropriate?
2) Have you received a "New Patient Information Form" from the lead clinician?
3) Discuss content of the "Pharmacy Information Sheet for New Patients (ORT) (appendix 2)" and complete
4) Discuss the opening hours of the pharmacy
5) Confirm identify of patient
6) 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 to obtain a generic leaflet.
7) 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
8) Advise patients to take dose at roughly the same time each day
9) Discuss consequences and dangers of missing doses (See below and Section 4.3 of guidance document)
10) Discuss safe storage of take home doses. Locked cupboard, out of reach of children etc
11) Discuss key signs and symptoms of overdose, risks of overdose and issue naloxone leaflet/signpost for naloxone training.
a) Mixing multiple drugs and alcohol b) Decreased tolerance (new batches of illicit drug, recently detoxed, abstinent etc) c) Using drugs alone
Section C: Routine Patient Safety/Monitoring Checks
1) Is it safe for patient to receive dose?
a) Does patient appear to be intoxicated through alcohol and/or drug use? If Yes Withhold dose and contact prescriber as appropriate. b) Dose patient appear drowsy or over sedated. If Yes Withhold dose and contact prescriber as appropriate. c) Has patient missed doses? i) Missed any doses during dose stabilisation? If YES contact prescriber to inform ii) One off missed dose after the first week of treatment? If YES, no action required unless additional issues present. iii) A few single missed doses? If YES, discuss dangers with patient (reduced tolerance, risk of overdose if using illicit substances etc). Encourage to discuss with prescriber. iv) Regular single missed doses? If YES, contact prescriber. v) 3 or more consecutive missed days? If YES Contact prescriber. vi) If a patient does not attend and you are worried for their safety, attempt to contact patient, contact the prescriber to discuss or consider police welfare check.
2) Are times of attendance becoming less regular? (e.g. used to attend like clockwork at 10am–time now varies) Potential sign that patient isn't coping with treatment, contact prescriber
3) Is patient's physical appearance causing concern? Potential sign that patient isn't coping with treatment.

Section D: Change of dispensing arrangement (supervised to take away dose or vice versa)
The prescriber should contact the pharmacist to discuss the patient's attendance in the pharmacy to provide insight into how well the patient appears to be managing treatment. Pharmacists should consider the following points and report fairly and equally on positive progress as well as concerns.
1) Has prescriber contacted you to discuss plan to change? If "no" and you have valid concerns about this change contact prescriber.
2) Are there signs of positive progress? Report on positives as well as concerns.
3) Does the patient continue to attend under the influence of drugs or alcohol?
4) Does the patient regularly miss doses?
5) Any concerns of diversion or coercion of medicines?
6) Does the patient have children? If YES, will the patient be able to store methadone, buprenorphine and other medications safely and securely?
7) Is the patient currently displaying mental health symptoms of concern?
8) Does the quantity/volume of medication to be dispensed appear appropriate to take home?
9) Pharmacy staff should attach a yellow methadone warning label to all take home doses of methadone. Available from NHSG Health Information Resources Service
Section E: Ongoing Treatment Checks
1) Provide positive feedback on achievements, build rapport, encourage discussion
2) Ensure patient has been issued with appropriate PIL(s) for prescribed medication NB: methadone where leaflet not routinely available. www.patient.co.uk. Easy read and translated leaftets
3) Re-iterate importance of taking dose at roughly the same time each day
4) Re-iterate consequences and dangers of missing doses
Section F: Harm Reduction
1) Check that patient has had overdose awareness and naloxone training/issue with naloxone leaflet.
2) Confirm patient can recall the risks of overdose, key signs and symptoms. Routinely re-iterate (at least once a year minimum).
3) Provide harm reduction advice and information and signpost as appropriate. This may include: a) Provide sterile injecting equipment/signpost to nearest Injecting Equipment Provider. b) Provide basic safer injecting advice and information.(utilise "A guide to safer injecting" leaflet to give out and aide in discussion) c) Advise on how to reduce risk of acquiring blood borne viruses if injecting e.g. use new set of injecting equipment for each injecting episode, do not share equipment d) Reduce risk of injecting site injuries by rotating site. e) Encourage testing for Blood Borne Viruses (Should be tested annually so may require repeat testing)
Section G: Child Protection
1) Check if patient lives with/has regular contact with Looked After children
2) Be vigilant in considering potential risk or harm to children in contact with patients
3) See service specification for advice on dealing with child protection concerns
Section H: Adult Support and Protection
See guidance section 8

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
- ☐ Query or change to instalment dispensing
- ☐ Patient attending pharmacy intoxicated
- ☐ Concern over physical or mental health
- ☐ Issue with Prescription
- ☐ Patient missing collection of instalments
- ☐ Request for progress update
- ☐ Other

Brief outline of action request:

Response to action request required? ☐ YES ☐ NO

Name of person initiating action request:

Date:

Name of person responding to action request

Date:

Appendix 6: Clinical Service Email Addresses for Non-urgent Communication (Phone numbers for urgent queries can be found in appendix 9)

Non-urgent communication should be directed to the appropriate service via secure NHS email. Generic email accounts or distribution lists are available for all specialist and GP services in Grampian. Where a clinician is noted on the prescription or an HBP prescription has been used, the appropriate specialist service should be contacted as per the table below. Please use generic email addresses to avoid communication being missed due to unexpected leave of individual clinicians.

Where the prescription has been signed by a GP and no clinician 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	**All Fulton Clinic prescriptions**	**Aberdeen City**
gram.southcentralsms@nhs.scot	**Clinicians based in GP practices**	**Aberdeenshire Central and South**
Gram.timmermarket@nhs.scot	**Timmermarket Clinic**	**Aberdeen City**
gram.kessockclinic@nhs.scot	**Clinicians based in GP practices**	**Aberdeenshire North**
	All Kessock Clinic prescriptions	**Aberdeenshire North**
gram.midasadministration@nhs.scot	**All Moray prescriptions**	**Moray**

(Updated Feb 2026)

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).

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. , oral sublingual buprenorphine , 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.

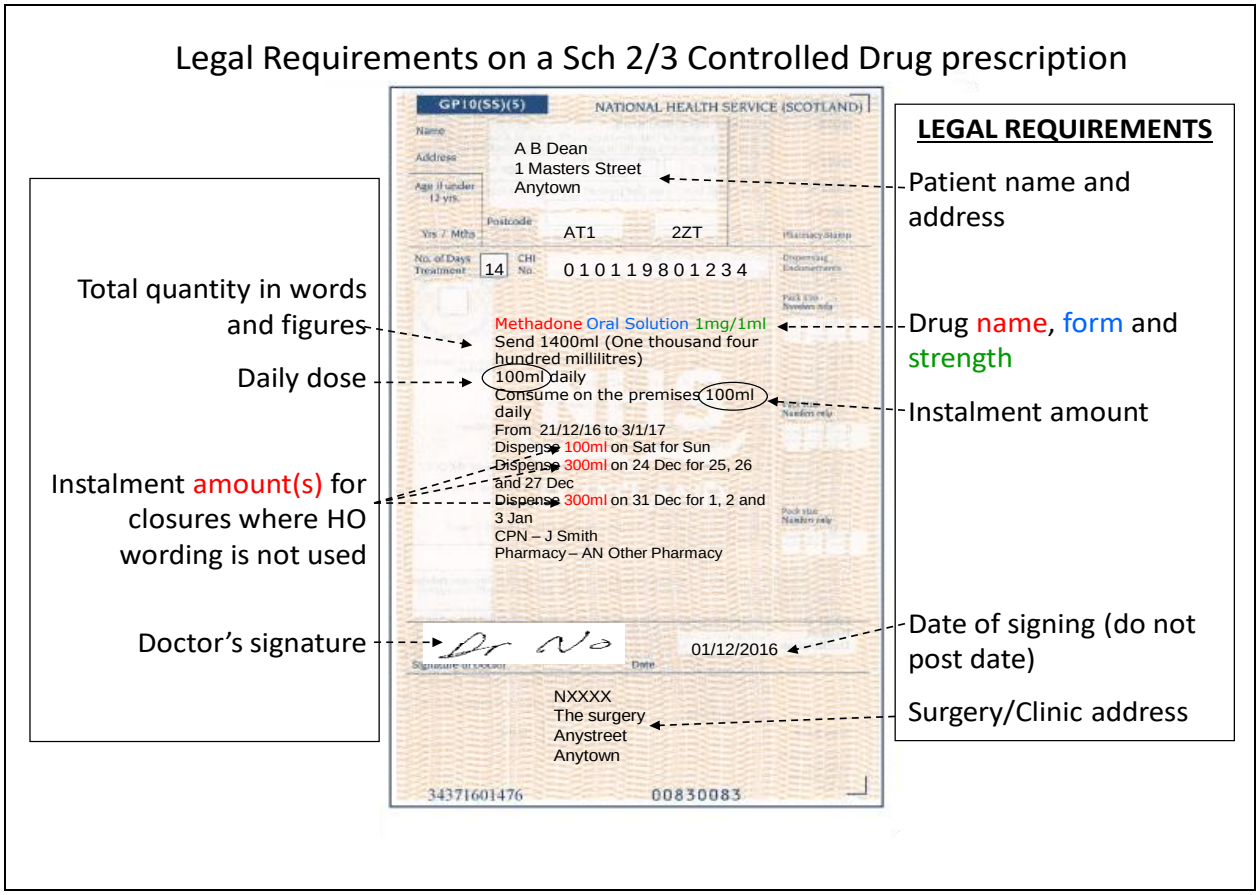
3. For sublingual oral buprenorphine ask the patient to tip the tablet(s) under the tongue without handling and advise not to chew or swallow.

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

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

6. 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 oral sublingual buprenorphine 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



Good practice points

(not *legally* required but inclusion assists process)



Number of days treatment and CHI

"From" "to" dates
(From date becomes the "appropriate date" where included)

CPN name
(assists pharmacy in contacting appropriate clinician)

Pharmacy Name
(reduces risk of duplicate doses being collected by patient)

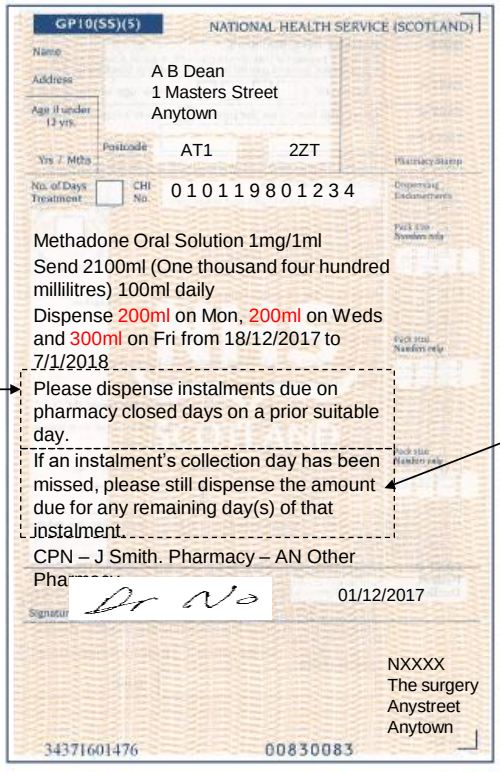
Home Office Wording

NOT a legal requirement but if used should be verbatim.

It was introduced as an aid to prescribers/pharmacists to facilitate continuity of prescribing

HO wording for closures

Closures – Pharmacist will use professional judgement to determine the most appropriate day to dispense the dose before the closure



Home Office Wording Missed instalment doses

-Allows pharmacist to dispense the remainder of an instalment without the need to contact prescriber

-Consider risk versus benefits of not contacting prescriber

- Assess on an individual patient basis

-Remember: If no opioid drug has been consumed, tolerance will fall and dose adjustment may be required after 3 days of missed doses. The prescriber must be contacted in these circumstances.

Appendix 9: Useful Contacts

Substance Use Pharmacists Grampian: For Generic Advice email	gram.smspharmacists@nhs.scot
Lead Pharmacist - Grampian Lucy Skea (Monday, Tues, Weds, Thursday only)	Lucy.skea@nhs.scot
Aberdeen city: Bethany Potter: full-time	Bethany.potter1@nhs.scot
Jill Carnegie: full time	Jill.carnegie@nhs.scot
Aberdeenshire: Andrew Mckechnie full-time:	Andrew.mckechnie5@nhs.scot
Alana Gibbs (Tues, Wed, Thurs, Friday) (on maternity leave until 2027)	Alana.gibbs@nhs.scot
Euan Whittingham- full time	Euan.whittingham@nhs.scot
Eleanor Green – full time	Eleanor.green3@nhs.scot
Moray: Kirsty Regan (split post Mental Health and Drug and Alcohol Service)	kirsty.regan@nhs.scot
Pharmacy and Medicines Directorate David Pfleger – director of pharmacy Lesley Coyle – deputy director of pharmacy	
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)	gram.cdteam@nhs.scot
Primary Care Contracts Team (Payment enquiries, invoices etc)	gram.pcctpharmacy@nhs.scot
Health Information Resources Service (Leaflets etc.)	https://www.hpac.durham.gov.uk/HPAC//HPACIndex.jsp?sitename=www.nhsghpcat.o
Primary Care Stores (To order cups etc.)	gram.primarycare@nhs.scot

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 (GP practice based CPNs and Fulton Clinic) Fulton Clinic, Royal Cornhill Hospital, Aberdeen	T: 01224 557212 gram.fultonenquiries@nhs.scot
Substance Use Service – Aberdeenshire	T: 01346 585160 gram.kessockclinic@nhs.scot gram.southcentralsms@nhs.scot
HMP &YOI Grampian South Road, Peterhead	T: 01779 485600 (main switchboard)

OUT OF HOURS SUPPORT – FOR PROFESSIONALs	
NHS24 Professional to professional line	For professional to professional queries only
Police safe and well check – for concerns for someone's safety	101

OUT OF HOURS SUPPORT – FOR PATIENTS	
NHS24 - patients can contact directly for physical and mental health support	111
Breathing Space	0800 83 85 87 https://www.breathingspace.scot/how-we-can-help/need-to-talk/ Webchat also available
Samaritans	116 123 Samaritans | Every life lost to suicide is a tragedy | Here to listen Webchat also available
Alcohol and Drugs Action (Aberdeen and Aberdeenshire) Saturday and Sunday: Duty drop in at Hadden Street 12-1pm Needle Exchange and helpline 2-5pm	7 Hadden Street, Aberdeen Call: 0333 3 448 355 Text/whatsapp: 07927 192 706
Arrows (Moray) Saturday 10am – 1pm	40 Moss Street, Elgin 01343 610500 07812 228547

Appendix 10: Needle Exchange sites

ABERDEEN CITY	
ADA (Alcohol and Drugs Action) 7 Hadden Street, Aberdeen	T: *:* 03333 448355 T: 01224 594700 (Helpline) W: 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
Aberdeen 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

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

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

NORTH ABERDEENSHIRE	
NHS Grampian Drug and alcohol service Faithlie Centre, 1 Saltoun Square, Fraserburgh. AB43 9DA 88 King street, Peterhead 46 King street, Peterhead AB42 1SL	01779 403744 01779 403744 01779 403745
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

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

MORAY	
Arrows (a Quarriers' service) 40-42 Moss Street, Elgin, IV30 1QT	(01343) 610 500
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

Appendix 11 MISSED DOSES OF OPIOID REPLACEMENT THERAPY. Community Pharmacy Guide

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This simple guide is intended to support community pharmacists in identifying risk and responding appropriately when patients miss doses of **methadone** or **buprenorphine-based ORT**, including those undergoing **initial titration**, where overdose risk is significantly higher.

GREEN- Stable on treatment - Missed 1 consecutive day

Risk

- Usually low risk if patient is stable on treatment
- Minimal reduction in opioid tolerance.
- May indicate emerging adherence issues.

Action

✓ Discuss reasons for missed doses supportively
✓ Assess for intoxication – ask about any recent substance or alcohol use
✓ Encourage adherence and engagement
✓ Supply scheduled dose when patient attends if no concerns about presentation
✓ Consider informing clinician/prescriber if concerns arise or regularly misses one off doses

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AMBER - Stable on treatment - Missed 2 consecutive days

Risk

- Early loss of tolerance may begin.
- Increased risk if concurrent illicit substance or alcohol use
- Higher concern for patients with respiratory disease or significant physical health issues.
- Risk of treatment interruption
- Risk of progressing to re-titration

Action - if patient presents

✓ Discuss reasons for missed doses supportively
✓ Assess for intoxication – ask about any recent substance or alcohol use
✓ Encourage adherence and engagement
✓ Supply scheduled dose when patient attends if no concerns about presentation
✓ Consider informing clinician/prescriber if concerns arise

Action - if patient does not present

✓ Consider contacting patient
✓ Proactively contact clinician/prescriber
✓ Agree plan before weekends and public holidays where possible

🔴 RED -Any patient - 3 or more consecutive missed doses

Risk

- Reduced opioid tolerance
- Increased overdose risk

Action

✓ WITHHOLD dose
✓ Contact clinician/prescriber urgently
✓ Explain withholding is for patient safety
✓ Await clinical advice before further supply

SPECIAL CATEGORY: Patients being stabilised on ORT or re-starting following missed doses (titration phase)

🔴 ANY MISSED DOSE IS HIGH RISK AT ALL STAGES OF TITRATION

Why? During titration, drug plasma levels will fluctuate, and tolerance will be variable. Missing doses can significantly affect safety, dosing plans, and increase overdose risk.

Risk

- Increased uncertainty regarding tolerance.
- Potential recent illicit opioid use.
- May impact titration plan

Action

✓ Ask about all drug and alcohol use.
✓ Supply only if clinically appropriate and patient is not intoxicated.
✓ Inform clinic/prescriber of missed doses to support titration plan
✓ Contact prescriber if a patient presents a prescription for an increasing dose during the titration period but has missed prior days, or has missed the first day of the titration dose for buprenorphine

⚠ ALWAYS REMEMBER

✓ Never supply a missed dose on a later day
✓ Never advise patients to double-up on doses
✓ Do not wait until the patient attends before acting – proactively plan
✓ Before weekends, identify patients approaching a 3rd missed dose and agree a plan with the prescriber/clinician
✓ If a patient presents before a plan is agreed, continue attempts to contact the clinician/prescriber and support the patient

Quick Reference Summary

🟢 **1 missed dose** → Assess, supply if appropriate.
🟠 **2 missed doses** → Assess carefully, consider informing prescriber.
🔴 **3+ missed doses** → Contact prescriber before dosing.
🔴 **Any patient in active titration missing multiple doses** → Treat as high risk and inform prescriber.