

SUPERVISED ADMINISTRATION OF MEDICATION FROM SOMERSET PHARMACIES

Policy, Guidelines and
4-Way Agreement for
Interval Prescribing



June 2010

Policy update due: June, 2012

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Support for this Policy

This policy is supported, endorsed & ratified by the following groups, agencies and organisations:

Organisation	Endorsed by	Position
Somerset DAAT	Carole Lennox	Primary care Substance Misuse Co-ordinator
Shared Care Monitoring Group	Wayne Lewis	Chair
Shared Care Clinical Governance Committee	Dr Andrew Allen	Chair
Somerset Local Pharmaceutical Committee	Andrew Harker Mark Goodwin	LPC member (NMP Substance misuse) LPC Development Manager
Turning Point	Dr Gordon Morse	Clinical Lead
Somerset PCT	Steve Dubois	Controlled Drugs Officer
Pharmacy	Tanya Whittle	Non Exec Director

1. Introduction

This document is designed to provide you with all the information to enable you and your staff to safely implement the Supervised Administration policy guidelines and 4 Way Agreement of Somerset Drug and Alcohol Action Team (DAAT). At the back of this document you will find all the relevant forms and useful contacts you may need in the safe and effective delivery of this service.

1.1 Glossary of terms:

Supervised Consumption

In the context of this Policy supervised administration describes the process whereby an individual being prescribed medication, as part of a drug treatment programme, is expected to take them under the supervision of trained staff within a pharmacy

Shared Care

Shared Care refers to the joint participation in the treatment of a drug user by a Somerset GP, Turning Point drug worker, the pharmacist, and most importantly the service user

2. The Role of the Pharmacist within Supervised Administration

In the context of this policy supervised administration describes the process whereby an individual being prescribed medication, as part of a drug treatment programme, is expected to take them under the supervision of trained staff within a pharmacy.

The primary aim of Supervised Consumption is to:

- reduce and eliminate social harm
- ensure compliance
- provide daily contact with this service user group
- mentor & advise whenever possible
- support the service user through to 'take home' thereby aiding the harm reduction of clients in the shared care scheme

The pharmacy plays an important role in the direct care of this client group.

3. Aims & Objectives

The purpose of this policy is to:

- Describe processes deemed acceptable by the agencies and organisations in support of the policy

The term used throughout this document to describe individuals who receive supervised administration is 'service user'. In order to receive supervised administration service users must be receiving drug treatment from Turning Point or a GP working within the Somerset adult drug treatment system.

The supervised administration service is available following a referral from the client's drug treatment prescriber/key worker.

Service users must be 18 years or over except in special circumstances described below. Pharmacy staff should expect to provide this service to men and women across all adult age groups.

A small number of Young People aged 17 years and under may also receive this service as part of their treatment provided jointly by Turning Point and On the Level, the Young People's drug and alcohol service. In this case the policy & guidelines below applies to them unless otherwise stated

Prescribed medication for drug treatment is potentially dangerous or even fatal if taken in the absence of medical supervision and as part of a planned treatment programme. The primary aim of supervised administration is to reduce harm by:

- Promoting the health and wellbeing of people receiving treatment, and encourage compliance by ensuring medication is taken in an appropriate quantity and at regular, safe intervals.
- Ensuring medication is consumed only by the individual concerned and to prevent it from being taken by others.
- Giving the opportunity for client assessment
- Building client confidence & stability within a professional relationship

4. Duration of Supervised Administration

The duration of supervised administration is assessed against the agreed care plan, the objectives that have been agreed by client and key worker (Turning Point) at the start of the service and reviewed at least quarterly.

Key points to note are that:

- Daily supervised administration, with the exception of Sundays and bank holidays, is the norm for the first 3 months. If continued beyond the 3 months, the need will be reviewed at least quarterly by the prescriber.
- Once the prescriber is satisfied that the service user has been using the prescription safely and risks to them and others are minimised they may be permitted to collect the dose from the pharmacy and consume it on their own premises.

5. Drugs Covered in this Policy

Supervised administration in Somerset is currently available for the following drugs:

- Methadone
- Buprenorphine (Subutex)/ Suboxone
- Dexamfetamine (**see note in missed dose policy for this medicine**).
- Diazepam
- In exceptional circumstances the supervised administration of other medication at the request of the prescriber, will be funded if there are significant safety concerns.
- These will be reviewed annually by the Somerset DAAT Adult Treatment Commissioning Group together with the Local Pharmaceutical Committee and Local Medical Committee.

6. National Context

The National Treatment Agency (NTA), the special Health Authority responsible for the overall management of drug treatment in England, expects supervised administration to be available in all areas of England. Supervised Administration is also detailed in the Department of Health's 'Drug Dependence – Guidelines on Clinical Management' *also known as the Orange Book 2007*. There is now indirect evidence that Supervised Administration has reduced Methadone related overdoses & death.

control/click on hyperlink to access Orange Book 2007

http://www.nta.nhs.uk/news_events/events/previous_nta_events/nice_guidance_regional_events/default.aspx

7. Which Pharmacies should provide Supervised Administration

Only pharmacies registered with the scheme can provide and claim for supervised administration. An up to date list of pharmacies in the scheme can be obtained from the DAAT office using the contact details in Appendix 6

All pharmacies willing to provide supervised administration in line with this Policy and who sign the Service Level Agreement will be considered to join.

Any pharmacy wishing to participate in the scheme should contact the DAAT Office.

8. Training & Competency

8.1 Training for Pharmacy Staff

There is a training package available for pharmacy staff on the requirements for providing Supervised Consumption. The training session will be organised twice a year by the DAAT

All contractors signing the Service Level Agreement to deliver supervised administration send a member of staff from each pharmacy premises to attend this training within 6 months of starting this service. The training is open to all pharmacy staff and their attendance is welcomed and encouraged.

Minimum requirement for each pharmacy is that one member of the pharmacy team has attended and completed one or more of the following accredited DAAT training courses;

Accredited DAAT training courses for the Supervised Administration Service are as follows:

- RCGP level 1 in substance misuse. This is arranged by the Somerset DAAT administrator. See Appendix 6

control/click on hyperlink to access Substance Misuse Management in General Practice website <http://www.smmgp.org.uk/>

- CPPE Open Learning Programme within 3 months of starting to provide Supervised Administration Services, and is able to provide a certificate of completion of the programme

Copies of certificate must be provided to the DAAT on completion to be entered into the DAAT training database before Supervised Administration can commence.

- Pharmacy staff completing either the RCGP level 1 Certificate in Managing Drugs or the CPPE Open Learning Programme will be required to update their training every 5 years.

9. Principles Underpinning the Service

The scheme will operate according to the principles laid out in the 4 way agreement:

- Information about service users receiving supervised administration must be kept confidential between the pharmacy and the prescriber except in the circumstances shown under 'Breaking Confidentiality'. This applies to all pharmacy team staff and all prescribing clinic/GP's & staff.
- Supervised Administration will be conducted in a friendly and non-judgmental manner.
- Supervised Administration will take place within a level of privacy as agreed between pharmacy and the client
- Supervised consumption will be made available to clients irrespective of their: gender, age, race, cultural background, religious beliefs, sexual orientation, occupation or any other personal choice, quality or attribute.
- NHS Somerset has a zero tolerance to abusive and violent behaviour. Pharmacies have a right to refuse this service in these situations.
- Turning Point and shared care providers have a duty of care to notify the pharmacy of adverse risks.
- Pharmacy staff are expected to use their judgement and should **not** dispense to service users who are believed to be intoxicated.
- The health and safety of everyone involved in the scheme is paramount. Assessment responsibilities will lie with the service provider to provide information.

10. Confidentiality and Information Sharing

10.1 Keeping Confidentiality

The Somerset Supervised Administration Service will operate within the Royal Pharmaceutical Society's 'Code of Ethics and Standards' and Turning Point's 'Code of Confidentiality'. This means that staff involved in this scheme will respect and protect confidential information about a person receiving supervised consumption by:

- Not disclosing confidential information (information which could identify an individual) except in circumstance shown in 'Breaking Confidentiality'.
- Ensuring computer and manual systems that hold service user specific information is accessible only to appropriate staff
- Ensuring records are stored securely

- Not disclosing information about a client who uses the needle exchange and is also receiving supervised administration or any other form of treatment or support. Clients can be encouraged to discuss this with prescribers to enhance dose optimisation & effectiveness

Pharmacy staff are required to destroy all labels on bottles or containers to ensure confidential information is not discarded

10.2 Sharing information with the drug treatment provider

The pharmacy staff will be expected to communicate with the treatment provider if they feel the information to be shared is in the interest of the service user or the ongoing provision of the service by the pharmacy. This might include:

- failure to attend regularly,
- unacceptable behaviour,
- improper use of medication,
- safeguarding children Issues
- vulnerable adults
- missed dose and safety issues
- feedback about improvements or progress

Conversely the treatment provider may well wish to contact the pharmacy to aide the review of the client

10.3 Breaking confidentiality

If a decision has been taken to break confidentiality it is paramount that the reason for this breach is recorded and kept. Please see Royal Pharmaceutical Society of Great Britain Medicines, Ethics and Practice policy for more information.

control/click on hyperlink to access pdf documents 'Medicines, Ethics and Practice 'A Guide for Pharmacists and Pharmacy Technicians'

<http://www.rpsgb.org.uk/informationresources/downloadsocietypublications>

Staff involved in providing supervised administration can break confidentiality where in their judgement:

- it is necessary to prevent serious injury or damage to the health of the service user, a third party or to public health
- it is necessary to prevent harm or neglect to a child or children

Staff could be required by law to break confidentiality where disclosure is directed by a coroner, judge or other presiding officer of a court, Crown Prosecution Office in England and Wales and Procurator Fiscal in Scotland. Or to a police officer or NHS Fraud Investigation Officer who provides in writing confirmation that disclosure is necessary to assist in the prevention, detection or prosecution of serious crime.

For good practice guidance see the RPSGB MEP Professional standards and guidance for patient confidentiality.

11. Supervised Administration and Needle Exchange

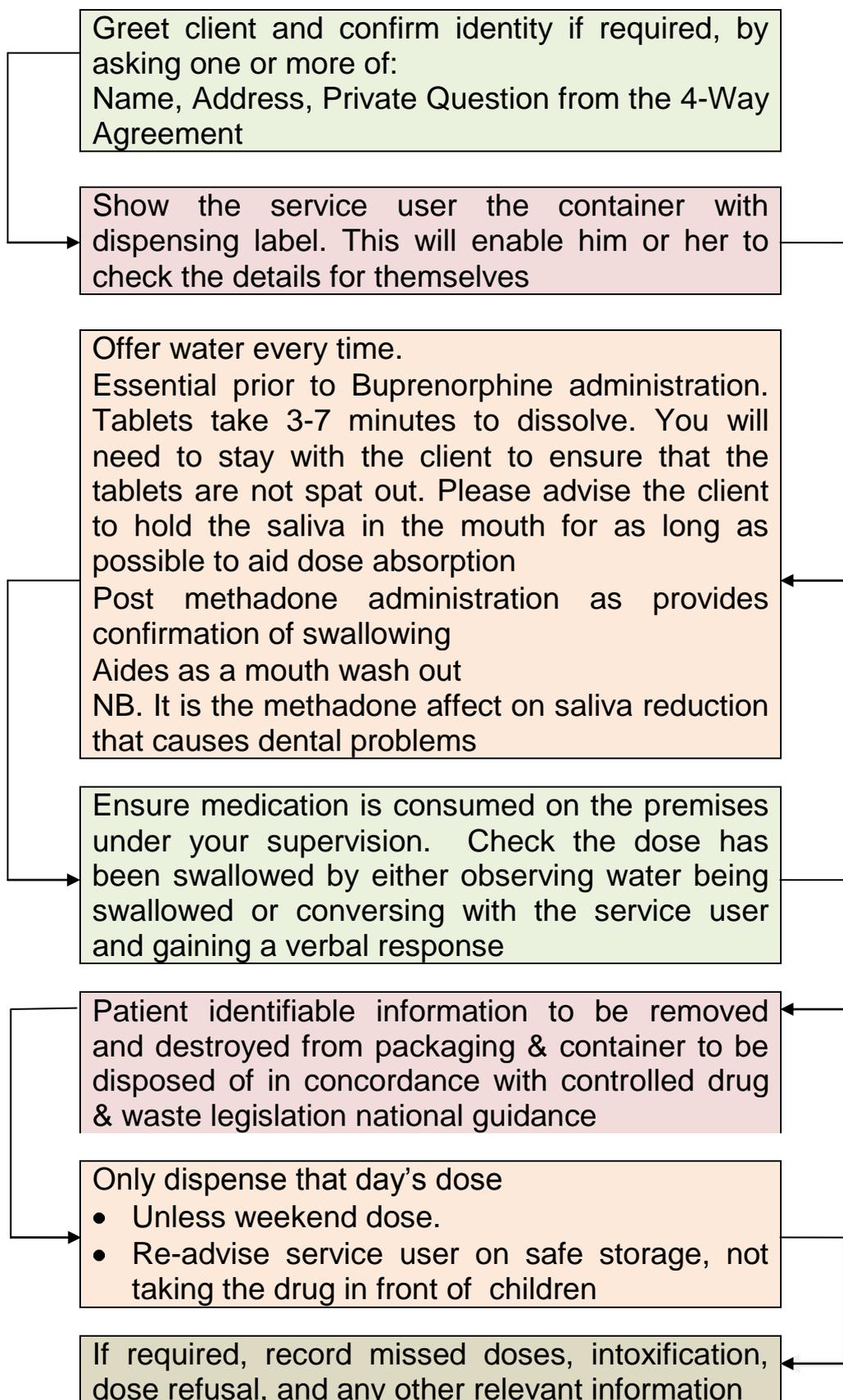
Pharmacies providing both supervised consumption and needle exchange within the Somerset schemes are likely to deal with service users receiving supervised administration and who also request sterile injecting equipment. In these circumstances pharmacy staff are generally expected to provide both services to the same individual at the same time if required. Pharmacy staff are required to encourage clients to share that information with their prescriber or keyworker.

Success in terms of drug treatment is not necessarily determined by abstinence from drug taking whereas the continued engagement of service users with treatment services and pharmacies is of prime importance. Some service users will be unable to stop injecting completely, particularly at the start of treatment. It is therefore essential for these people that sterile equipment continues to be made available.

12. Expectations of Pharmacy

The dispensing process should follow SOP's and legal, ethical & professional requirements. A good practice model is detailed below

12.1 Good Practice Model



Pharmacists should **not** dispense supervised medications and should contact the drug treatment provider in the following circumstances:

- If a service user requests changes to their prescription, including early or late dispensing.
- If a prescription is intended for another pharmacy.
- If a service user appears intoxicated with drugs and/or alcohol. Inform the service user that you are not permitted to dispense their medication if they appear intoxicated. You can suggest they return later that day if sober.
- If a service user's representative asks to collect a supervised medication unless previously authorised by the prescriber).
- To any client who has missed 3 or more consecutive doses. (see missed dose guidance). Please note this policy does not apply to Dexafetamine prescribing.

SEE MISSED DOSE FLOWCHART APPENDIX 5

13. Missed Doses

Should a client fail to attend for their Methadone or Buprenorphine then the pharmacist must indicate on the prescription "not dispensed" next to the relevant date and on the relevant data collection forms.

If the client misses a pick up they should return the next day as usual for their next dose.

If a Methadone dose is missed for **THREE** consecutive days then the treatment should be suspended and the care co-ordinator or prescriber contacted. The prescription should not be re-initiated until a specific instruction to endorse this has been given by the care co-ordinator, Turning Point or prescriber. A note of this decision should be made on the client's PMR. If a client misses three or more pick-ups in a 14-day prescription then the care co-ordinator or prescriber should also be contacted.

If a Buprenorphine dose has been missed for more than **THREE** consecutive days then treatment is not necessarily needed to be suspended. Dose may be given if contact has been made to the prescriber and the client understands that if heroin has been used within 12 hours paradoxical withdrawal may occur. The client must be warned not to use further heroin during re-initiation as possible overdose may occur.

The risk of death during Methadone induction has been calculated at nearly seven-fold greater than the patient's risk of death prior to entering Methadone maintenance treatment and deaths usually occur during the first three to ten days of treatment¹. Therefore, extra caution should be exercised during the first two weeks of treatment and **ANY** doses missed should be reported to the care co-ordinator, Turning Point or prescriber.

If a client misses a dose during the titration phase of treatment i.e. increase in dose during the first few days of induction onto a prescription, the key worker or prescriber **MUST** be contacted before the next dose is given. Titration phases should not fall upon a weekend due to observation arrangements with key workers.

1.RCGP guide to management of substance misuse in Primary Care page 118-119

All emerging patterns of regular failures to attend the pharmacy should be brought to the attention of the care co-ordinator or prescriber for further investigation. (See appendix 5)

For Dexamfetamine prescribing:

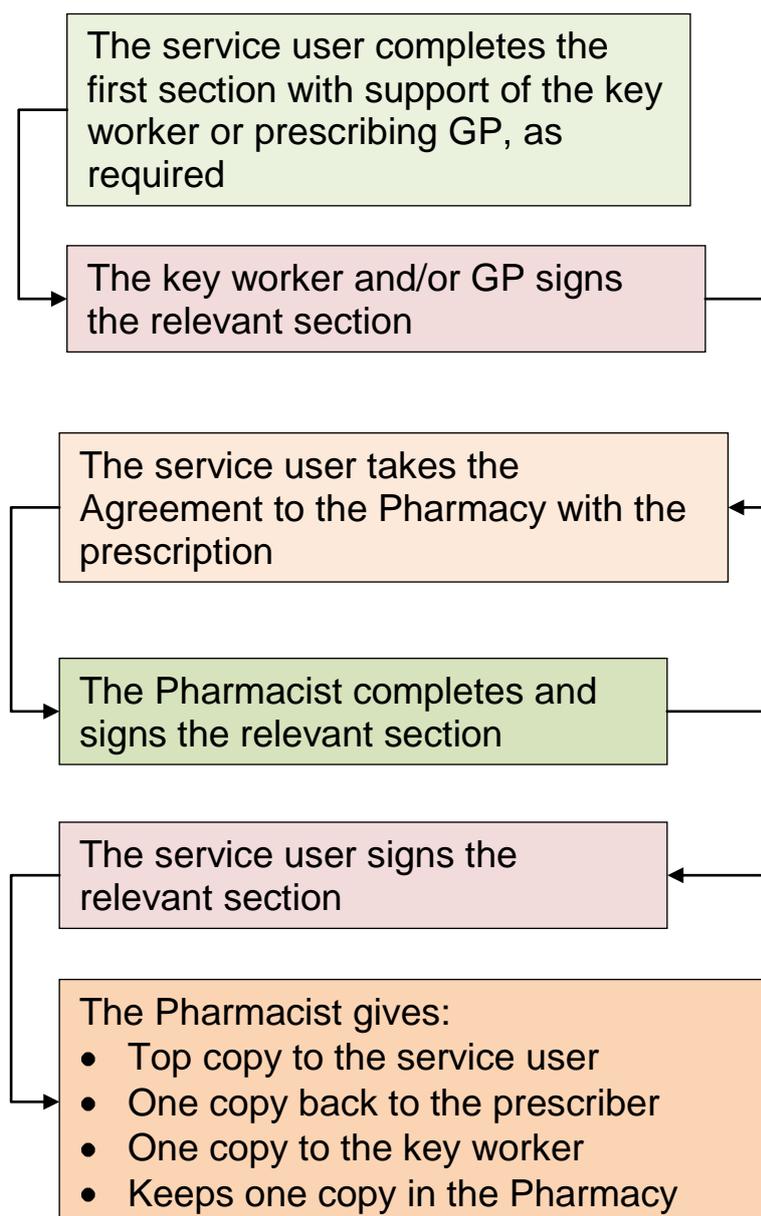
“The 3 Day Rule” that is invoked for patients on opioid prescribing, is a universally accepted strategy to prevent accidental toxicity in the (unlikely) event of a patient losing tolerance if they have been without opioids for more than a few days. This does not apply to amphetamine prescribing and so there is no need for pharmacists to withhold doses if there is a break in pick ups. However, because Dexamfetamine prescribing is conditional on very high degrees of compliance, Turning Point would need to be informed of any failed collections. At the present time, all of our prescriptions are automatically printed with 3 Day Rule directions, and so we understand that pharmacists are bound by those terms, but we are endeavouring to have these pre-printed directions removed from Dexamfetamine prescriptions in future.

14. The 4-Way Agreement

The 4-Way Agreement is the working summary of the essential points of this policy written from the service user's perspective. It is intended to capture essential information required by the 4 main parties involved: the service user, the prescriber, the keyworker, and the pharmacy.

It clarifies, on one page, the main rights and responsibilities, essential points of contact and the main issues concerning the individual's supervised administration. The Agreement includes 3 carbon copies so that each party retains one once it is fully completed.

The 4-Way Agreement is included as Appendix 4 and the overall process is as follows:



NOTE: The 4-Way Agreement includes a section on the times when supervised consumption is available from the pharmacy. This is intended to clarify this issue with service users from the start of the agreement.

Pharmacists are reminded that that dispensing availability is as per contract with NHS Somerset. In general this will reflect normal opening times for customers. It should not be used by the pharmacy as a mechanism to limit the availability of the service to certain times only.

15. Payment Process

Pharmacies must complete the monthly claim form and send this to the DAAT office using the contact details on the form.

Please note that no payments will be made for the supervised service until a service agreement has been completed and agreed with the pharmacy Somerset DAAT

In order to receive payments within the following month forms must be received at the DAAT office by the 7th working day of the month.

Late claim forms will be considered for payment up to a maximum of **six months** only.

Claim forms can be photocopied or replacements can be obtained from the DAAT Office.

Alternatively, claim forms can be requested in electronic form and can be completed and returned using this format upon request to the DAAT administrator.

16. Dealing with Challenging Behaviour

The majority of drug users behave decently and respectfully whilst receiving supervised administration in the pharmacies and there have been very few accounts of inappropriate behaviour. However, where pharmacy staff feel the behaviour of an individual is inappropriate the pharmacy should ask the person to leave the premises and decline offering a service in the same way as dealing with any other member of the public. In these circumstances pharmacy staff should contact the drugs service or prescribing GP as a matter of urgency so that alternative arrangements can be made.

This is considered particularly appropriate if:

- a service user exhibits violent, aggressive or threatening behaviour or language
- pharmacy staff witness a service user stealing from the pharmacy

For effective security measures, prevention is better than cure, we suggest that regular risk assessments are conducted to identify the threats you face and then we can work together in finding suitable solutions.

However, there are cases when the unexpected happens, when staff are verbally abused, threatened and in extreme cases attacked. NHS Security Management is there to help liaise with the police, conduct investigations, and ensure the welfare of staff. We believe that staff have a right to work in a safe and secure environment NHS Security Management can conduct security surveys and make recommendations.

Our contact details are at the back of this document.

17. Support visit to pharmacies

An initial annual visit will occur to support all pharmacies involved in the delivery of the scheme. The annual visits are intended to incorporate audit, supportive and feedback functions

The visit will incorporate the following:

- Find out what is working well and what may need improving
- Ascertain the need for future training
- Listen to feedback, ideas and suggestions from staff
- View the SLA in action
- Check that the 4 - Way agreement is being utilised in the appropriate way

Feedback will be given via the Visit record sheet (see appendix 3)

Visits will be conducted by one or other of the following:

- an officer of the DAAT
- an appropriate member of the Somerset PCT
- a representative of the LPC
- a service user representative with relevant skills
- a Team Leader/drug worker from Turning Point.

Nominated staff will be agreed by the DAAT and LPC

Visits will be arranged with the pharmacy giving at least 2 weeks notice and informing them of the nominated assessor.

18. Audits of Pharmacies

Audit is an essential part of any service and will enable the pharmacy to meet its clinical governance standards required by the service

As part of the Support Visit, pharmacists & pharmacy staff will be asked to complete an audit questionnaire. (See Appendix 3 for Pharmacy Visit record sheet). This will enable the Support Visit to be as efficient as possible in terms of Pharmacy time taken.

The results of this audit will be shared with the PCT and may be used as part of their Pharmacy contract monitoring process.

In addition to the above, Somerset DAAT fund external annual audits of the Adult Treatment System, part of which are pharmacy, who play an important role within this system and will therefore periodically be asked to take part in these audits. These external audits are important in scoping future service developments in Somerset.

19. Complaints and Concerns by Service Users

All organisations involved in providing the scheme embrace compliments, concerns and complaints as these can help to improve this service.

- In the first instance concerns from service users should be raised with the member of staff or organisation providing the service. Pharmacies do have their own system for dealing with complaints
- If the service user feels unable to do this or that the issue remains unresolved they should be advised to contact the Patient Advice and Liaison Service using the contact details on page 21. This provides a confidential, impartial and free service to help resolve service users' concerns quickly.
- If the service user remains unhappy with the outcome or the complaint is of a serious nature, he or she can write and complain to NHS Somerset Patient Advice and Liaison Service (PALS).

20. Feedback, complaints, concerns, and suggestions by Healthcare Professionals

- The DAAT welcomes feedback from healthcare professionals on any aspect of the scheme. This often provides useful information about ways to improve and develop the scheme.
- Feedback about the scheme should be directed to the DAAT's Adult Treatment Commissioning Manager
- Concerns or complaints however should be raised in the first instance with the member of staff or organisation providing the service
- If the concern or complaint remains unresolved it should be directed to the DAAT's Adult Treatment Commissioning Manager. This will be investigated and relevant parties and or other professionals brought together to bring the issue to a satisfactory conclusion.
- Any incidents or concerns involving controlled drugs and healthcare professionals or any other person who deals with controlled drugs as part

of paid or voluntary employment must (legal requirement under 2006 CD regulations) be reported to the PCT Accountable Officer.

- If after this the issue is considered not to have been resolved satisfactorily the professional concerned can write to the Chief Executive of NHS Somerset Primary Care Trust after which a formal complaints or other relevant policy will be followed.

APPENDICES

Appendix 1 - Service Level Agreement



Service Level Agreement Supervised Administration



This Service Level Agreement is between Somerset Drug and Alcohol Action Team (DAAT) and the pharmacy named below. To be considered for participation in the Supervised Administration Enhanced Service please complete & return the form below.

By signing this agreement both parties agree to abide by the content and principles detailed in the policy, 'Supervised Administration from Somerset Pharmacies Policy, Guidelines and the 4 - Way Agreement January. 2010

Pharmacy Section

Name of Pharmacy	
Address	
Postcode	
Contact telephone	

Name of Pharmacist	
Signature	
Date of signing	

DAAT Section

Position of DAAT representative	
Address	
Postcode	
Contact telephone	

Name of DAAT representative	
Signature	
Date of signing	

Appendix 3 - Record Sheet

Annual Support Visit Record Sheet

Supervised Administration



This record sheet details the key issues arising from the Annual Visit of the pharmacy named below which is involved in the Somerset Supervised Administration Service

Pharmacy visited

Name of Pharmacy	
Address	
Name of pharmacist (on day of visit)	
Date of visit	

Staff and training

Number of staff providing supervised consumption	
Number of staff who have been on the following training LOCAL CPPE RCGP Level 1	
Number of staff to be booked on training	

Evidence of adherence to policy

Aspect of Policy	Evidence found
The pharmacy is completing and retaining its copies of the 4-Way agreements	
A copy of Supervised Consumption Policy kept in pharmacy and available to staff	
Supervised Consumption Dispensing protocols are being followed	

Pharmacy Visit Record Sheet

Supervised Administration

Feedback from pharmacy staff

Questions	Key issues fed back from pharmacy
Aspects of the scheme working well	
Aspects of the scheme needing improvement	
Comments about number of service users, communication with treatment provider and capacity of pharmacy	
Any other issues pharmacy staff would like to raise with the DAAT	

Person conducting visit

Name of person carrying out visit	
Position	
Signing	
Date	

Copy of Record Sheet will be sent to pharmacy within 1 month of visit.

Appendix 4 – 4-way agreement

4-Way Agreement for Supervised Consumption in Pharmacy

The purpose of this Agreement is to clarify the rights and responsibilities, essential points of contact and main issues about your prescribed medication. Each party should complete and sign the relevant section. Once completed, the pharmacy will give you a copy, keep one at the pharmacy and return the other copies to Turning Point and the prescriber.

1 - My Details

My name:	_____
My date of birth:	_____
My address:	_____

2 - Person Providing Prescription

Name of GP/TP Prescriber	_____
Key worker's name:	_____
Key worker's telephone no.	_____
Telephone no. for prescriber (if different):	_____
Agreement start date	_____

3 - Signing by Key Worker & Prescriber

I have agreed with the service user a suitable pharmacy.
I have given him/her a copy of the prescribing contract and information about confidentiality.

	Key Worker	Prescriber
Name:	_____	_____
Signature	_____	_____
Date:	_____	_____

(Complete parts 4 to 8 at the pharmacy)

Pharmacy Name:	_____
Pharmacy Address:	_____
Pharmacy Telephone:	_____

A private area for supervised consumption is available from this pharmacy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If available, the service user wishes to use this:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5 - Availability

Supervised consumption is available from this pharmacy during the following times:

Day	am	pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

6 - Private Question

To help new pharmacy staff identify you please provide a private question and answer such as your Mother's maiden name, pet name or similar:

Question:	_____
Answer:	_____

7 - Rights, Responsibilities and Expectations

My rights and responsibilities

- Pharmacy staff will not treat me differently from other customers because I am receiving supervised consumption.
- I am entitled to a regular and reliable service.
- I am expected to attend for supervised consumption regularly, alone and within the times specified, except by prior arrangement.
- There is no out of hours service therefore if I do not turn up to collect my medication within the available times I will not be able to receive my prescription for that day.
- If you are receiving Buprenorphine (Subutex) you are expected to remain in the pharmacy for about 5-10 minutes after taking it to ensure it has completely dissolved.
- The prescription charges will be paid where applicable at your first visit to the pharmacy.

Expectations on pharmacies

- The pharmacy will agree with me where supervision will take place.
- Pharmacy staff are not permitted to dispense prescriptions for supervised consumption to me if I appear under the influence of drugs or alcohol.
- Pharmacy staff are not permitted to dispense a prescription if I have missed 3 consecutive doses. The pharmacy staff will then inform my key worker or person providing my prescription.
- Pharmacy staff are entitled to refuse to serve me if my behaviour is deemed inappropriate, just as they would any other member of the public.
- If incidents occur, pharmacy staff will contact the key worker or person providing the prescription.
- Pharmacy staff will offer me a private area in the pharmacy to take my medication, if one exists. It is my choice to use this facility or not.
- I accept that pharmacy staff are expected to check my identity before dispensing. To do this they may ask my name, date of birth or the personal question written on this agreement.
- The pharmacy staff may contact Turning Point to pass on any information which relates to my treatment and care.

8 - Signing the Agreement

Service User

I understand my rights and responsibilities and expectations on pharmacies about supervised consumption

Signature: _____

Date: _____

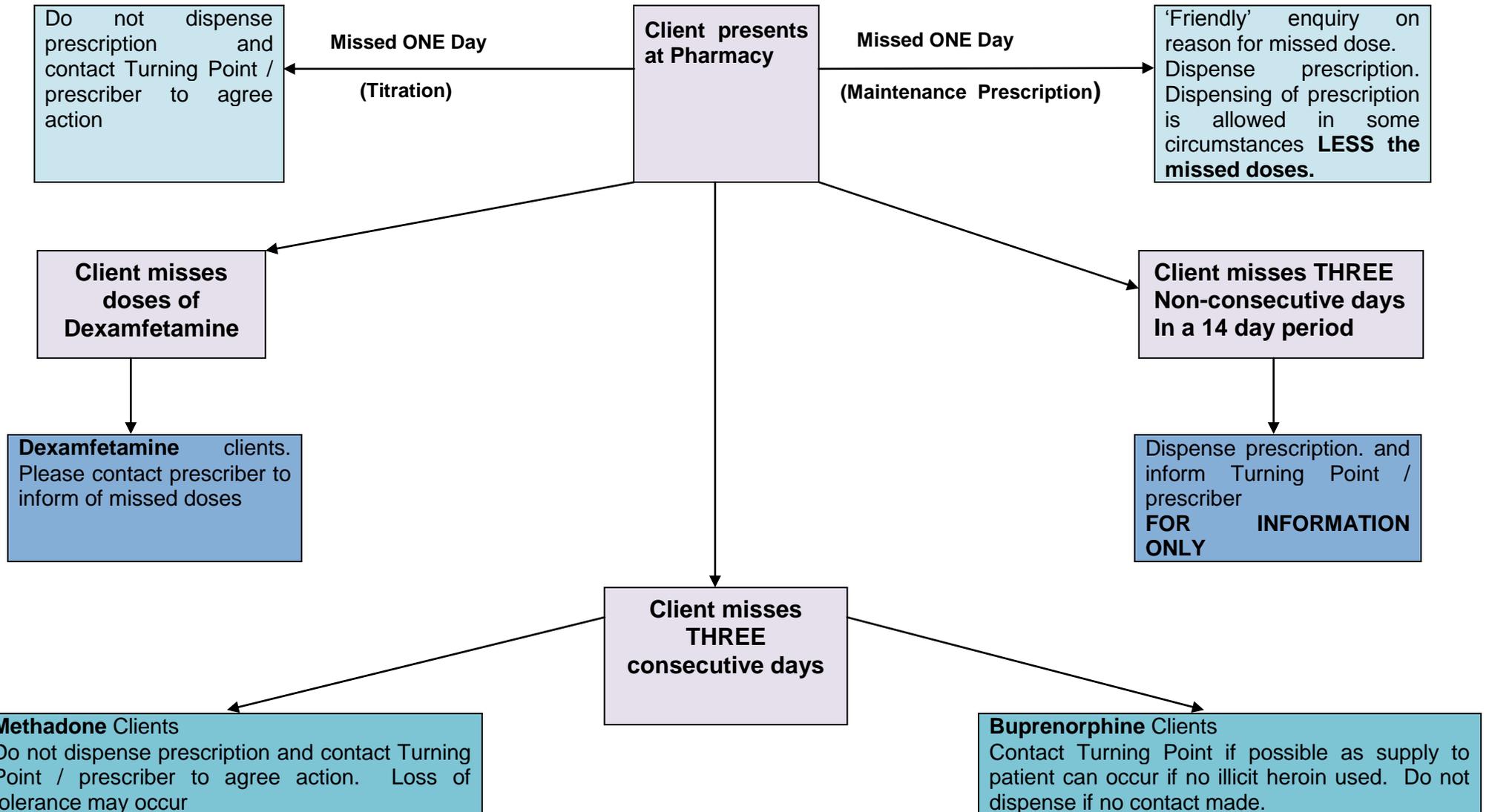
This pharmacy agrees to provide supervised consumption in line with this Agreement

Name: _____

Appendix 5i - Missed Doses

- Should a client fail to attend for their methadone or buprenorphine then the pharmacist must indicate on the prescription “not dispensed” next to the relevant date and on the relevant data collection forms. If the client misses a pick up they should return the next day as usual for their next dose.
- If a **Methadone** dose is missed for **THREE** consecutive days then the treatment should be suspended and the care co-ordinator or prescriber contacted. The prescription should not be re-initiated until a specific instruction to endorse this has been given by the care co-ordinator, Turning Point or prescriber. A note of this decision should be made on the clients PMR. If a client misses three or more pick-ups in a 14-day prescription then the care co-ordinator or prescriber should also be contacted.
- The risk of death during **Methadone** induction has been calculated at nearly seven-fold greater than the patient’s risk of death prior to entering methadone maintenance treatment and deaths usually occur during the first three to ten days of treatment. Therefore, extra caution should be exercised during the first two weeks of treatment and ANY doses missed should be reported to the care co-ordinator, Turning Point or prescriber.
- If a client misses a dose during the titration phase of treatment i.e. increase in dose during the first few days of induction onto a prescription, the key worker or prescriber **MUST** be contacted before the next dose is given. Titration phases should not fall upon a weekend due to observation arrangements with key workers.
- If a **Buprenorphine** dose has been missed for more than **THREE** consecutive days then treatment is not necessarily needed to be suspended. Dose may be given if contact has been made to the prescriber and the client understands that if heroin has been used within 12 hours paradoxical withdrawal may occur. The client must be warned not to use further heroin during re-initiation as possible overdose may occur.
- For **Dexamfetamine** prescribing;
“The 3 Day Rule” that is invoked for patients on opioid prescribing, is a universally accepted strategy to prevent accidental toxicity in the (unlikely) event of a patient losing tolerance if they have been without opioids for more than a few days. This does not apply to amfetamine prescribing and so there is no need for pharmacists to withhold doses if there is a break in pick ups. However because Dexafetamine prescribing is conditional on very high degrees of compliance, Turning Point would need to be informed of any failed collections. At the present time, all of our prescriptions are automatically printed with 3 Day Rule directions, and so we understand that pharmacists are bound by those terms, but we are endeavouring to have these pre-printed directions removed from Dexafetamine prescriptions in future.
- All emerging patterns of regular failures to attend the pharmacy should be brought to the attention of the care co-ordinator or prescriber for further investigation.

Appendix 5ii - Missed Dose Flow Chart



1. RCGP guide to management of substance misuse in Primary Care page 118-119
 Adapted from NHS Plymouth LES for Supervised self administration of divisional opioids (April 07)

Appendix 6 - Main Contacts

Service	Position	Name	E mail Address	Telephone
Turning Point Somerset	Clinical Lead	Gordon Morse	gordon.morse@turning-point.co.uk	01935 383360
Turning Point Somerset	Operational Manager	Galena Thackaberry	galena.thackaberry@turning-point.co.uk	01278 456561
Turning Point Taunton	Team Leader	Sharon Cooper	sharon.cooper@turning-point.co.uk	01823 328460
Turning Point Sedgemoor	Team Leader	Janet Hucker	janet.hucker@turning-point.co.uk	01278 456561
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DAAT	Administrator	Claire Richter	claire.richter@somerset.nhs.uk	01823 357111
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LPC	Development Officer LPC	Mark Goodwin	mark@springfieldprojects.co.uk	07786 078232
Patient Advice and Liaison Service PALS	NHS Somerset, FREEPOST SWB11195, Chard. TA20 1BR		pals@somerset.nhs.uk	0800 0851067
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Somerset Safeguarding Children's Board	Designated Dr	Tamsyn Nicole	www.safeguardingchildrensboard.org.uk	YDH Switchboard 01935 475122 07825 976730 or 01935 385266
	Designated Nurse	Gill Munro	www.swcpp.org.uk	
HS Somerset	Accountable Officer	Shaun Green	shaun.green@somerset.nhs.uk	01935 384043
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	Counter Fraud Specialist	Andy Knight	Andy.knight@somerset.nhs.uk	01460 238633 or 07920 295097