



PHARMACEUTICAL SERVICES (SCOTLAND) ADDITIONAL SERVICES

DISPENSING AND SUPERVISED CONSUMPTION OF METHADONE.

1. Service Aims

- 1.1 To dispense and supervise the self-administration of methadone in a community pharmacy setting.
- 1.2 To dispense methadone in a community pharmacy setting.

2. Service outline and standards

- 2.1 The service may be available, where capacity allows, to any individual who presents a valid prescription for methadone that specifies supervised consumption and/or dispensing.
- 2.2 Community pharmacy contractors will hold adequate stocks of methadone and will dispense and supervise the self-administration of methadone in accordance with the directions on the prescription requested by the prescriber.
- 2.3 The service will require the pharmacist or suitably trained member of staff to supervise the consumption of the prescribed dose.
- 2.4 The community pharmacy contractor will ensure that the pharmacist and staff offer a user-friendly, non-judgemental, client-centred and confidential service.
- 2.5 Under the following circumstances contact should be made with Borders Addictions Team or GPs in relation to patients who are having their medication supervised as part of a treatment plan. Examples of incidents which should prompt the pharmacist to contact the prescriber are:-
 - The patient does not consume the whole dose under supervision.
 - The patient regularly tries to avoid supervision.
 - The patient appears to be intoxicated e.g. alcohol, other prescription and/or illicit drugs (patients stabilised on methadone should be alert and coherent).
 - The patient appears ill.
 - There are problems concerning the prescription e.g. ambiguity of dates for dispensing, identity of patient in doubt, alterations to the prescription.
 - The behaviour of the patient is unacceptable e.g. shoplifting, verbal and/or physical abuse.

- The patient misses more than three doses (missing doses may result in a drop in opiate tolerance with an increased risk of accidental overdose).
- At the request of the patient for an acknowledged clinically important matter.

The pharmacist will use their own professional judgement to decide if supply of their medication is appropriate pending the Addictions team or GP response. In the circumstances where a patient has missed 3 doses of medication or appears intoxicated, supply to patient would be strongly discouraged due to the potentially fatal consequences particularly for opioids.

Borders Addictions service are contactable on **01896 664430**. Please leave a message on the answer phone if your call is outside of working hours, or the line is busy, and a member of the Addictions team will return your call as soon as possible.

2.6 The Dispensing only procedure is as follows:

- The identity of the client should be confirmed as per the standard operating procedure.
- The dose should be labelled and dispensed at the specified interval for each client.
- Doses should be provided as individual measured daily doses with appropriate information on safe storage in the home.
- If necessary, doses may be withheld at the professional judgement of the pharmacist.

2.7 The dispensing and supervision procedure is as follows :

- The identity of client should be confirmed as per the standard operating procedure.
- The daily dose should be dispensed and labelled appropriately for each client.
- The prescribed dose will be presented to the client in a suitable receptacle and water offered to facilitate consumption and to reduce the risk of diversion of the dose.
- Any “take home” doses should be provided to the client in a suitable receptacle, with appropriate information on safe storage in the home.
- If necessary, doses may be withheld at the professional discretion of the pharmacist.

2.8 The service should be operated from premises that can provide an acceptable level of confidentiality.

2.9 The community pharmacy contractor will ensure the pharmacist develops and maintains a close working relationship with the prescriber and staff

of Addiction Services (or equivalent). This should include a process to allow information sharing where required.

- 2.10 The community pharmacy contractor will ensure that patient medication records are maintained and that the Controlled Drugs register is completed in accordance with legal requirements.
- 2.11 The community pharmacy contractor and the addictions team will ensure the pharmacist maintains a client agreement for each client. It is recommended that a copy is provided for client use. The client should fully understand the agreement.
- 2.12 The community pharmacy contractor and the pharmacist should consider providing support and advice to the client, including referral to the prescriber or Specialist Addiction Services where appropriate. A range of relevant printed information should be available including details of local services, including voluntary agencies.
- 2.13 The community pharmacy contractor has a duty to ensure that pharmacists and all staff involved in the provision of the service are aware of and operate within the constraints laid down in both the local protocols and legislation concerning vulnerable people:

The Protecting Vulnerable Groups Scheme (PVG Scheme), which delivers on the provisions outlined in the Protection of Vulnerable Groups (PVG) (Scotland) Act 2007 will:

- help to ensure that those who have regular contact with children and protected adults through paid and unpaid work do not have a known history of harmful behaviour,
- be quick and easy to use, reducing the need for PVG Scheme members to complete a detailed application form every time a disclosure check is required,
- strike a balance between proportionate protection and robust regulation and make it easier for employers to determine who they should check to protect their client group.

"Adults at risk" are defined in the Adult Support and Protection (Scotland) Act 2007 as aged 16 years or over whom:

- are unable to safeguard their own well being, property, rights or other interests
- are at risk of harm, and
- because they are affected by disability, mental disorder (mental illness, learning disability, personality disorder), illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected

If staff know or believe that a person is an "Adult at Risk" (as defined in all three points above) there is a legal duty and professional responsibility to report the facts and circumstances of the person's case to the social work department under section 5 (3) of the Adult Support and Protection (Scotland) Act 2007 and Adult Protection procedures should be followed. The Adult Protection Unit team are available to provide professional advice during office hours on 01896 664580 and out of hours professional advice can be sought from Emergency Duty Team 01896 752111.

3. Training

- 3.1 It is desirable that the community pharmacy contractor and pharmacists involved in the provision of the service undertake the NES distance learning package "Pharmaceutical Care in Substance Misuse".
- 3.2 It is desirable that the community pharmacy contractor and staff should participate in any local training initiatives identified by NHS Borders.
- 3.3 The community pharmacy contractor will ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local guidelines.

4. Payment

- 4.1 A fee will be paid for each dispensing and supervision undertaken as part of this service. This will include the provision of written and verbal advice to clients.
- 4.2 Payment for service provision shall be made by National Services Scotland following submission of a valid prescription for dispensing / supervision of methadone. Prescriptions should be endorsed in the usual way to ensure payment.
- 4.3 A separate dispensing fee is payable for "take home" doses if supplied in a separate container.

5. Monitoring and evaluation

- 5.1 It is a requirement of the service that appropriate records, including patient medication records are kept and maintained by the community pharmacy contractor, to enable verification of service provision and training requirements, and provide information to the NHS Board for internal and external audit and evaluation purposes.
- 5.2 A standard operating procedure should be in place in the pharmacy and cover all aspects of service provision.

Background information – not part of the service specification

RPSGB Medicines, Ethics and Practice (current edition)
BNF section on “Controlled Drugs and Drug Dependence” (current edition)
NES Child Protection Distance Learning Resource Pack
Local Addiction Services / Harm Reduction Services

Useful references

Department of Health (England) and the devolved administrations. 2007. *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. London

Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive.

Scottish Borders Child protection procedures
<http://www.online-procedures.co.uk/scottishborders/>

Scottish Borders Adult Support and Protection Procedures
http://www.scotborders.gov.uk/info/1432/adults/266/adult_support_and_protection

Disclosure Scotland
<http://www.disclosurescotland.co.uk/>