

**Public Health Pharmacy Service Specification for the
Supervised Administration of Methadone by Community
Pharmacists**

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- **Signature sheets x 2**

October 2013 – to be reviewed Sept 2014

1.0 Introduction

1. Community pharmacists are ideally placed to link in with Pennine Care Drug and Alcohol Service for clients aged 26 and over and MOSAIC for clients aged 25 and under in Stockport to meet the need for supervised self-administration of methadone within an agreed and structured protocol.
2. Supervising the self-administration of methadone to patients on a daily basis is emerging as a key component in community methadone programmes.
3. Some patients previously given a dose of methadone to take away could not always be relied upon to consume it and some medication ends up being shared or being sold in the illicit market. The long half-life of methadone makes it particularly suitable for once daily dosing, hence convenient for supervision.
4. A valuable supportive relationship often develops between the pharmacist and the patient. Daily contact may allow the pharmacist to monitor patient compliance (or, conversely, the number of doses missed), suspected drug/alcohol intake, physical appearance and family support. The pharmacist thus has an important role to play in monitoring treatment and as a result may contribute to the patient's review by MOSAIC or Pennine Care Drug and Alcohol Service.
5. Whilst supervision may be desirable when some patients enter the programme, it should also be noted that supervision itself could create secondary dependence. It is important that once the patient is stabilised they are trusted to accept a degree of responsibility by extending treatment to take home privileges for example from daily to thrice weekly to weekly, dependent on individual factors following robust risk assessment with the prescriber.
6. The pharmacist should accept that supervision might need to be reinstated at times of crisis or relapse and should not consider this as a failure of the programme.
7. The aim of this service is to minimise the possible harmful effects of methadone dispensing by both increasing compliance and reducing methadone supplies leaking into the illicit market. This aim is congruent with the DoH 'Orange Book' Guidelines – Drug Misuse & Dependence – Guidelines on Clinical Management (2007), NICE Technology Appraisal 114 – Methadone & Buprenorphine for the Management of Opioid Dependence (Jan 2007), and the Health Service Guidelines HSG (97) 14 "Purchasing effective treatment and care for drug users".
8. HSG (97) 14 proposes:
 - That there should be well managed methadone administration and associated counselling and care programmes for opiate misusers, aimed at immediate harm minimisation, with the ultimate goal of abstinence wherever possible.

- That there should be greater involvement of primary care professions, such as General Practitioners and community pharmacists, in the care of more stable drug misusers.
9. This specification outlines the procedures for carrying out the service and its administration. The specification has been separated into pharmacist, service user and prescriber/MOSAIC and Pennine Care Drug and Alcohol Service responsibilities.
 10. For the purposes of this specification the pharmacist is the regular pharmacist and any regular locums. Any locum employed to undertake this work must be fully conversant with these procedures. Pennine Care Drug and Alcohol Service is the drug treatment service for people aged 26 and over, MOSAIC is the drug treatment service for people aged 25 and under, both services have a responsibility for prescribing methadone for particular clients after an assessment and recovery plan have been implemented.
 11. Community pharmacies are invited to deliver the service in areas of identified need. Other pharmacies can express an interest in the provision of the service based upon the following specification. Each expression of interest will be reviewed by the Commissioning manager, together with the Pennine Care Drug & Alcohol Service & Mosaic.

2.0 Remuneration and scheme monitoring

12. Pharmacies will be paid the sum of £1.50 per supervised dose. This will be paid each month in arrears with the expectation that pharmacies will be asked to supervise in the region of 10 patients at any one time. Pennine Care Drug and Alcohol Service will authorise the payments, which will be made by Stockport MBC.

3.0 Education and Training

Pharmacists recruited to the scheme will receive a visit from the scheme administrator which will cover the operation of the service. Pharmacists will be expected to maintain their competencies and undertake their own self-accredited training as appropriate. Commissioners maintain the right to review evidence of training undertaken by pharmacists on request.

Contact details

Pennine Care Duty Worker– 0161 716 4000
MOSAIC Treatment team– 0161 480 5939

FAX for Pennine Drug and Alcohol Team – 0161 716 4020
FAX for MOSAIC – 0161 477 2318

4.0 Pennine Care Drug and Alcohol Service and MOSAIC Prescriber Responsibilities

1. The prescriber must reach an understanding with the client that methadone will be dispensed at a designated community pharmacy where administration and consumption of the methadone will be supervised by the pharmacist.
2. The prescriber must negotiate the most suitable/convenient pharmacy that is part of the project, with the client. The pharmacy must be contacted in advance by a representative of Pennine Care Drug and Alcohol Service or MOSAIC to discuss the dispensing arrangements for the client.
3. If the pharmacy accepts the client the drug service must inform the pharmacy of the name and address of the client, and the prescription details. This would then be checked against the prescription by the pharmacist, to confirm access of the client to the service.
4. The maximum number of clients that any one pharmacy should be expected to supervise at any one time will be in the region of ten. This is important so as to provide a manageable workload for the community pharmacist. All clients should receive methadone daily. On days when the pharmacy is closed (e.g. Sundays, Bank Holidays) a take home dose may be provided. NOTE: This dose is not remunerated under the scheme.
5. Pennine Care Drug and Alcohol Service/MOSAIC should take the client through the client agreement form and sign in the space provided. The main issues to be covered are:
 - Missed doses cannot be dispensed at a later date.
 - Methadone will not be dispensed if a client has missed three or more instalments, and the client will be asked to attend the D&A Service or Mosaic for a review.
 - Methadone will not be dispensed if the community pharmacist suspects that there is drug and/or alcohol intoxication (client referred back to Service for re- assessment).
 - Client should come in alone, if this is stipulated by the pharmacy.
 - Acceptable behaviour.

5.0 Pharmacist Responsibilities

1. When the client attends, the pharmacist must check the details of the introductory letter and register the client on the Patient Medical Record (PMR) system. The client should be asked to register their signature with the pharmacist to aid identification and be given a PMR identification card, which they should show when collecting their methadone. (do all pharmacies do this? I am not sure..)
2. Methadone should **not** be dispensed to clients who are intoxicated with drugs and/or alcohol. If the pharmacist suspects the client is intoxicated, he/she should inform/telephone either MOSAIC or Pennine Care Drug and Alcohol Service and a key worker promptly informed. The client must be sent back to the prescribing service for an assessment. If this occurs on a Saturday or Sunday, in the interests of clinical safety and overdose prevention, the prescribers would support the pharmacist in withholding the methadone, and ask the client to return later in the day once not intoxicated or under the influence”
3. Methadone must not be dispensed to any clients who have missed three or more consecutive doses. They must be referred back to the prescribing service for assessment, as their tolerance may be reduced. Where the pharmacist has not dispensed a daily dose of methadone, entries should be made on the relevant data collection form(s).
4. Where the dispensing service has been terminated for a client for whatever reason, any prescriptions that have not yet been started should be returned to the prescribing service, or voided within the pharmacy, in line with local procedures.
5. The pharmacist should introduce the client to key members of staff.
6. Supervision should never take place in the dispensary. A suitable consultation room **MUST** be used, preferably with its own water supply. The room must meet the minimum requirements of the Pharmacy Advanced Service specification –
 - Clearly designated
 - Seating for the patient and pharmacist
 - Cannot be overheard
7. Doses of methadone should be made up in advance each day (assuming the pharmacist is in possession of a current prescription). Methadone should be dispensed into an appropriate child resistant container labelled in accordance with the requirements of the Medicines Act, and must be stored appropriately preferably in the CD cabinet until the client arrives at the pharmacy.
8. When the client arrives, the pharmacist must ensure that the client is correctly identified (using signature and PMR card to confirm identity) and receives his/her dose of methadone.

9. The methadone may be consumed directly from the bottle or may be poured into a cup as agreed by the client and pharmacist.
10. The pharmacist must observe the consumption of methadone by the client and then should offer the client a glass of water (this helps to prevent tooth decay) and engage in conversation with the client. This is to ensure that the methadone has been swallowed, and minimise risk of diversion.
11. All labels must be removed from the clients' dispensed containers before discarding the empty container in the SRCL waste drug bin.
12. After each dispensing/supervision the pharmacist must then complete the data collection form for that client in accordance with instructions as well as making the appropriate entries into the CD register and on the prescription. It is imperative that full details are recorded, especially where there has been:
 - Any OTC purchase
 - Any other medicine dispensed
 - Any referrals made
 - Any inappropriate behaviour by the client
 - Any information requested or given (general health and/or drug use)
 - Any conversations with the prescriber
14. Where an "incident" has occurred, the pharmacist must complete an incident report form at the time of the incident.
15. All information and data collected specifically and only for this service should be treated as confidential and only passed on to authorised personnel.
16. The service file containing all data collection forms, details of how to operate the scheme, relevant telephone numbers should be kept in the dispensary at all times. They must not be passed on to anyone else, except those authorised to see it.
17. Locum pharmacists must be made aware of this service and the procedures IN ADVANCE of them providing locum cover. It is essential that the service runs smoothly and all records are kept up to date.
18. Pharmacists should ensure that they have adequate insurance cover prior to commencing the service.
19. Pharmacists should ensure appropriate occupational health staffing arrangements for Hepatitis B immunisation. Pharmacists should also ensure vaccination and screening for client's is promoted, and the client urged to discuss this with their treatment provider.

6.0 Client Contract

This information will allow evaluation of the effectiveness of this new service.

1. Pennine Care Drug and Alcohol Service/ MOSAIC (*delete as appropriate*) and the community pharmacist are sharing responsibility for your care this will obviously necessitate discussions between both parties. As part of their responsibilities for your care and with regard to this service, the pharmacist will be keeping certain records about your attendance, any referrals they make and about your health, which they will return to Pennine Care Drug and Alcohol Service/MOSAIC (*delete as appropriate*). If there are particular things that you wish to discuss with the pharmacist confidentially, you must tell the pharmacist.
2. You should arrive at the pharmacy for your daily dose of methadone during the hours agreed with the dispensing pharmacy. You should avoid presenting to the pharmacy for your daily dose of methadone during the last half-hour of opening.
3. You will need to provide a means of identification, ideally your PMR card. The pharmacist will issue you with this card when you first attend. This is necessary because it is important that the methadone supply is safeguarded and not given to the wrong person.
4. Collection of your daily dose by another person will not normally be allowed. If you know in advance of a difficulty on a particular occasion, please discuss with the pharmacist and your key worker.
5. When you attend the pharmacy the pharmacist will need time to update records and you will need to be patient. The pharmacist is required by law to make a detailed record at the time the methadone is issued and this cannot be done in advance.
6. You should attend the pharmacy unaccompanied and are expected to behave courteously and with respect. In return the pharmacy staff will treat you with respect and in a manner that maintains your dignity. These principles are important in developing and fostering mutual trust.
7. If you do not collect the supply as written on the prescription on the day specified then it will not be dispensed at another time. By law the pharmacist must supply exactly what has been ordered and on the days specified on the prescription.

8. If you fail to collect the supply on three or more occasions the Substance Misuse Service will be informed and you will be referred back for re-assessment. It is important to ensure that you do not miss doses and lose tolerance and it is also vital that problems you may have are drawn to the attention of the key worker at your service.
9. The pharmacist will keep a confidential computer record of your medication and may share the information with other health professionals involved in your care.
10. If you attend the pharmacy intoxicated with drink and/or drugs you will not receive your daily dose and you will be referred back to your service for assessment. The community pharmacist has other customers and it is important that they are not surprised by unexpected behaviour.

I have read and understood the above information and I agree to comply with the conditions.

CLIENT

Name	
Date	
Signature	

Pennine Care Drug and Alcohol Service/MOSAIC (*delete as appropriate*)

Name	
Date	
Signature	

PHARMACY

Name	
Date	
Signature	

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INCIDENT/REFERRAL REPORT FORM

Client Name

DATE:

PHARMACY:

PHARMACIST:

TYPE OF INCIDENT (tick one or more boxes)

Supervision refused	<input type="checkbox"/>
Advice given	<input type="checkbox"/>
Contact with prescriber	<input type="checkbox"/>
Referral	<input type="checkbox"/>
Intoxification	<input type="checkbox"/>
Disruptive behaviour	<input type="checkbox"/>
Friends & family involved	<input type="checkbox"/>
Health related problem	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please enter full details of incident and outcome in the space provided.

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MONTHLY SUMMARY REPORT FORM

Report for (month) (Year)

Name and address of pharmacy

Current number of supervised methadone Substance Misuse Service clients

Total number of doses of Methadone supervised during month

Enclosed (please tick if yes):

Data collection forms

Incident report forms

Have any comments been made about this service from other customers or patients?

Yes

No

If yes, please give details if not already included in an enclosed incident report form.

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Month/Year

DATA COLLECTION FORM

Client Name

Date	Supervision took place	Supervision refused	Advice given	Contact with prescriber	Referral	Intoxicated	Disruptive	Friends/Family/ Partner involved
1st								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								
11th								
12th								
13th								
14th								
15th								
16th								
17th								
18th								
19th								
20th								
21st								
22nd								
23rd								
24th								
25th								
26th								
27th								
28th								
29th								
30th								
31st								

Please fax this form to the Pennine Care Drug and Alcohol Service CDT on 0161 716 4020 / Mosaic on 0161 477 2318-(delete as appropriate) as soon as possible after the client has collected their dose every Wednesday morning & return to the

Complete and return one copy to Stockport MBC C/O ????

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| appropriate treatment service ~~Pennine etc~~ as soon as possible at the end of
each calendar month

Complete and return one copy to Stockport MBC C/O ????

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SIGNATURES OF THE PARTIES TO THE CONTRACT

<p>Signed by</p> <p>For and on behalf of Stockport MBC</p> <p>Print name</p> <p>Date</p>

<p>Provider details [insert name and address]</p> <p>Please see schedule of provider sites</p> <p>Signed by <i>Rachael Sharples</i></p> <p>For and on behalf of the Contractor</p> <p>Print name <i>Rachael Sharples</i></p> <p>Date <i>16/10/14</i></p>

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SIGNATURES OF THE PARTIES TO THE CONTRACT

Signed by


For and on behalf of Stockport MBC

Print name

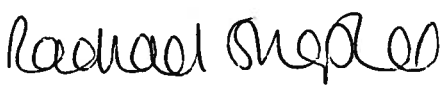
Date

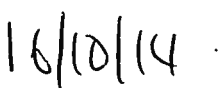
Provider details [insert name and address]

Please see schedule of provider sites

Signed by 

For and on behalf of the Contractor

Print name 

Date 

Schedule of Provider Sites: Public Health Services Stockport Council 2014

	Branch Name	Address	Address	Trained Pharmacist	E-mail	Telephone	OCS code	Region	EHC	NEX	OSA
220497	Stockport - Higher Hillgate	54 Higher Hillgate	SK13PX	Aleksandra Przystupa	hchillgate@coop.co.uk	0161 480 4520	FM024	206			Y
223038	Shaw Heath - Gilmore Street	Gilmore Street	SK38DN	Laura Jones	hcsawheath@coop.co.uk	0161 477 5591	FKT49	206			Y
224418	Offerton - Hall Street	217 Hall Street	SK14JG	Neville Ward	hcofferton@coop.co.uk	0161 480 3546	FMF87	206			
224430	Reddish - Reddish Road	26 Reddish Road	SK57PE	Carine Bondt	hcsouthredd@coop.co.uk	0161 477 3992	FEJ76	206	Y		
224431	Reddish - Longford Road West	2 Longford Road West	SK56ET	Rashmi Kant J Patel	hcnorthreddish@coop.co.uk	0161 432 3612	FP975	206			
224435	Marple - The Hollins	6 The Hollins, Stockport Road	SK66AY	Nadeem Haque	hcmarplethollins@coop.co.uk	0161 427 3336	FRY79	206		Y	
224436	Marple - Stockport Road	93 Stockport Road	SK66AA	Helen Baker	hcmarple@coop.co.uk	0161 427 6668	FN566	206			
224437	Marple Bridge - Town Street	19 Town Street	SK65AA	Joanne Scott	hcmarplebridge@coop.co.uk	0161 427 2517	FXV77	206			
224500	Heaton Moor - Heaton Moor MC	Heaton Moor Medical Centre	SK44NX	Maxine Sandels	hcheatonmoor@coop.co.uk	0161 443 1099	FKT18	206			
224501	Brinnington - Brewick Parade	Units 5-6, Berwick Parade	SK58LQ	Lisa Hynes	hcbinnington@coop.co.uk	0161 430 3505	FFQ52	206	Y	Y	Y
224503	Reddish - Gorton Road	1-3 Gorton Road	SK56AZ	Stephen Hurst	hcreddishcentral@coop.co.uk	0161 443 1416	FP690	206		Y	Y
224535	Romiley - Stockport Road	30 Stockport Road	SK63AA	Richard Slown	hcmromiley@coop.co.uk	0161 430 2441	FX514	206			
224542	Hazel Grove - 221 London Road	221 London Road	SK74HS	Caroline Mary Mitchell	hchaven@coop.co.uk	0161 483 3314	FDK67	206		Y	Y

