

Public Health Pharmacy Service Specification for Supervised Administration of Buprenorphine by Community Pharmacists

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Update – October 2013
To be reviewed September 2015

1.0 Introduction

1. There is evidence that treatment for opioid dependence is effective. Methadone substitute prescribing is usually the first choice of treatment intervention; however it is not suitable or popular with all opioid users seeking treatment. Buprenorphine [Subutex] can offer an alternative to both the client and prescriber for some situations, as clinically indicated / appropriate.
2. Community pharmacists are ideally placed to link in with Pennine Care Drug & Alcohol service and Mosaic (young client's substance misuse service) to meet the need for supervised self-administration of buprenorphine within an agreed and structured protocol.
3. Buprenorphine is a synthetic opioid licensed for the treatment of drug dependence. It has high affinity at opioid receptors with low intrinsic activity. It is long acting thus allowing daily dosing, with the duration of action linked to the administered dose, 2mg exert effects for up to 12 hours and higher doses of 16mg – 32mg can exert effects for 48 – 72 hours.
4. The prescribing of Buprenorphine should only occur after specialist assessment and it should be prescribed in daily instalments on the blue FP10 (MDA) prescription form. To avoid leakage into the community and risk of misuse supervision is recommended upon initiation of treatment, as outlined by DoH.
5. A valuable supportive relationship often develops between the pharmacist and the patient. Daily contact may allow the pharmacist to monitor patient compliance (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 the Drug & Alcohol service or Mosaic.
6. 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 twice weekly to weekly.
7. 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.
8. This specification outlines the procedures for carrying out the service.
- 9 For the purposes of this specification the pharmacist is the regular pharmacist at the pharmacy and any locum employed to undertake this

work must be fully conversant with these procedures. The Drug & Alcohol Team/Mosaic is the drug treatment centre in Stockport with responsibility for prescribing buprenorphine for the particular client following attendance at the dose assessment clinic.

- 10 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.

2.0 Remuneration and scheme monitoring

8. Pharmacies will be paid the sum of £2.50 per supervised dose. This will be paid each month in arrears with the expectation that no pharmacy may be asked to supervise in the region of 10 patients at any one time. The Drug and Alcohol service / Mosaic will authorise the payments, which will be made by Stockport Metropolitan Borough Council

3.0 Education and Training

9. 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.

4.0 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

5.0 Community Drugs Team and Prescriber Responsibilities

1. The prescriber must reach an understanding with the client that buprenorphine 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 buprenorphine 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.
 - Buprenorphine 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.
 - Buprenorphine 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.

6.0 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 buprenorphine.
2. Buprenorphine 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 telephone the Drug & Alcohol service / Mosaic to inform the key worker and the client must be sent back for assessment. If this occurs on a Saturday or Sunday, then the pharmacist should dispense the relevant number of take home doses and ask the client to consume the buprenorphine as late as possible after they have "sobered" up.
3. Buprenorphine must not be dispensed to any clients who have missed three or more consecutive doses. They must be referred back to the Drug & Alcohol service / Mosaic for assessment, as their tolerance may have fallen. Where the pharmacist has not dispensed a daily dose of buprenorphine, 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 Substance Misuse Service prescriber.
5. The pharmacist should introduce the client to key members of staff.
6. Supervision will 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. Prescriptions should be made up in advance each day (assuming the pharmacist is in possession of a current prescription). The buprenorphine tablets should be dispensed and labelled in accordance with the requirements of the Medicines Act, and must be stored 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 buprenorphine.

9. The buprenorphine may only be crushed prior to administration if the guidance released from the Royal Pharmaceutical Society is followed. Copy of this guidance is attached to this SLA.
10. The pharmacist must observe the consumption of buprenorphine by the client and then should offer the client a glass of water and engage in conversation with the client. This is to ensure that the buprenorphine has been swallowed.
11. All labels must be removed from the clients' dispensed containers before throwing away, to maintain confidentiality.
12. After each dispensing/supervision the pharmacist must then complete the data collection form for that client in accordance with instructions and complete the entry 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 should be treated as confidential and only passed on to authorised personnel.
16. Data collection forms, details of how to operate the scheme, and 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.

7.0 Client Contract

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

1. The Drug & Alcohol service / Mosaic 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 the Drug & Alcohol service / Mosaic. If there are particular things that you wish to discuss with the pharmacist confidentially, you must tell the pharmacist this.
2. You should arrive at the pharmacy for your daily dose of buprenorphine during the hours agreed with the dispensing pharmacy. You should avoid presenting to the pharmacy for your daily dose of buprenorphine 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 buprenorphine supply is safeguarded and not given to the wrong person.
4. Collection of your daily dose by another person will not normally be allowed.
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 buprenorphine 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 and the Drug & Alcohol service / Mosaic.
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 the Drug & Alcohol service / Mosaic 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 | |

Drug & Alcohol service / Mosaic

| | |
|------------------|--|
| Name | |
| Date | |
| Signature | |

PHARMACY

| | |
|------------------|--|
| Name | |
| Date | |
| Signature | |

Supervised Administration of Buprenorphine by Community Pharmacists 2013

MONTHLY SUMMARY REPORT FORM

Report for (month) (Year)

Name and address of pharmacy

Current number of supervised Buprenorphine Substance Misuse Service clients

Total number of doses of Buprenorphine 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.

Month/Year

DATA COLLECTION FOR

Client Name

Andy Yuille, Supervised Buprenorphine Scheme, Pennine Care Drug

Service Centre House, Thomas St., Higher Hillgate, Stockport SK1 3QD or FAX to 0161 719 4020
or for Mosaic clients FAX to - 0161 477 2318

Supervised Administration of Buprenorphine by Community Pharmacists 2013

| Date | Supervision took place | Supervision refused | Advice given | Contact with prescriber | Referral | Intoxicated | Disruptive | Friends/Family/Partner involved |
|------|------------------------|---------------------|--------------|-------------------------|----------|-------------|------------|---------------------------------|
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Please fax this form to the Pennine Care Drug and Alcohol Team/Mosaic (delete as appropriate) on as soon as possible after the client has collected their dose every Wednesday morning & return to Pennine Care Drug and Alcohol Team/Mosaic as soon as possible at the end of each calendar month.

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