

Welcome

Welcome to the 7th edition of our sharing good practice toolkit. We hope that you are finding this informative and helpful with your practice.

Challenges for Substance Misuse Services during Covid-19

Thank you to all those who were able to attend our first on-line CPD event on October 15th. Your feed-back was very positive. We are very likely to continue delivering CPD events jointly with Hertfordshire Local Pharmaceutical Committee (LPC) utilising video conferencing, our new way of working!

We explained the key considerations that led to a change in approach to opiate substitute treatment based on the key message by Dr Prun Bijral, CGL, Medical Director –

“We believe that it is always safer for opioid dependent people to have MAT (Medically Assisted Treatment) available to take home than to be off MAT and feel compelled to use street opioids” March 2020

Assessment of Risk

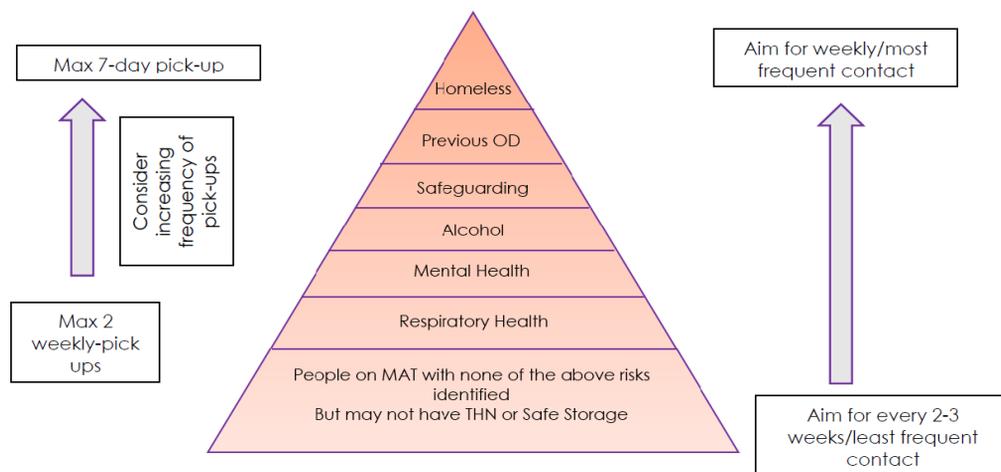
It is widely acknowledged that the morbidity and mortality rate of opiate users is greater than the general population for a variety of reasons. There are many risk factors to consider and they include, but are not limited to, injecting behaviour leading to blood borne infections such as hepatitis or septicaemia, overdose risk – intentionally or accidentally, smoking related diseases, homelessness, mental health problems and co-dependency on other substances including alcohol (Drug Misuse & Dependency, DoH, 2007).

The model **Review of Dispensing Regime** illustrates the decision-making framework at the height of the COVID-19 pandemic that enabled prescribers agree on the level of medication collections from the least restrictive of 14-day collection to a 7-day collection or a more frequent one.

Since the start of August, after the ease of the first lockdown, guidance changed to return to a maximum of 7 day weekly take home of medication, with daily supervised consumption during titration at the start of a treatment episode.

Review of Dispensing Regime

Increasing frequency of pick-ups should be the exception, and we must help people stay at home as far as is possible. Most people on MAT would be considered in the vulnerable group at risk from complications of COVID19 infection.



28-day rule on the validity of FP10 prescriptions

With the Christmas Bank Holiday season upon us our prescribers will be reviewing the prescribing plan for each service user and may authorise a prescription well in advance of 28 days. The 28-day rule applies to all Schedule 2, 3 and 4 controlled drug prescriptions (blue or green); that is, Controlled Drug prescriptions are valid for 28 days after the 'appropriate date' on the prescription. The 'appropriate date' is either the date shown on the prescription next to the signature box or any other date indicated on the prescription by the prescriber as a date before which the medication should not be supplied – whichever is later. So if the only date on the prescription is the date of signing, the first dispensing must take place within 28 days of this date. In the case of FP10 MDAs the 'appropriate date' would be the date of the first instalment as shown in the body of the prescription, as long as this is later than the signature date. This information is reflected in the Drug Misuse and Dependence Guidelines, (2017); "A start date, even if more than 28 days after the date of signing, will ensure the prescription is still valid". (page 280) The guidance is also summarised on Page 287 of the guidelines and in the Medicines, Ethics and Practice Guide for Pharmacists, Edition 43.