



To: Community Pharmacists
OST providers, Greater Belfast Area

Directorate of Integrated Care
12-22 Linenhall Street
BELFAST
BT2 8BS

Tel : 028 9536 3375
Fax : 028 9536 3126

Web Site :
www.hscboard.hscni.net

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Dear Colleague

COMMUNITY PHARMACISTS LIAISON WITH SUBSTITUTE PRESCRIBING TEAMS ABOUT MISSED DOSES

The provision of Opioid Substitution Treatment (OST) to patients is a valuable and important service which supports the work led by the Substitute Prescribing (SP) team in Belfast Trust. Community Pharmacy staff are the only HSC staff who see OST patients on a regular (usually daily) basis and are well placed to observe any anomalies in patients' behaviour or health status that may affect the outcome of their treatment. Provision of this information to alert the SP teams is vitally important to the successful management of patients in opioid substitution treatment.

Recently the SP team has identified a number of incidents where patients missed 3 or more consecutive doses of their methadone or buprenorphine. In these cases, the team had not been notified in advance by community pharmacists. In these patients blood levels of medication drops to a level that is no longer effective and they can potentially be harmed if they restart medication at the same dose. To reduce the risk of death, re-induction of OST starts at a low dose and patients follow a slowly increasing dosage regimen, attending the SP clinic twice a week, over a period of up to 4 weeks to regain stable blood levels. The additional clinic time required for induction puts considerable pressure on the SP teams, reduces their ability to treat new patients in a timely manner and increases waiting lists.

The advice about what action pharmacists should take when doses are missed has changed in recent OST guidance. Please see

Appendix 1 of this letter for details. The Northern Ireland Primary and Secondary Care Opioid Substitute Treatment Guidelines (2013) <http://niformulary.hscni.net/Formulary/Adult/4.0/4.10/Pages/default.aspx> have been superseded by the Drug misuse and dependence: UK guidelines on clinical management (2017) <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management> . In addition, local NI Supplementary Guidelines for Community Pharmacists have been developed in line with the UK (2017) document by HSCB, consultant psychiatrists, pharmacists and SP team leads. These are due to be published and circulated early this year. An electronic copy can be accessed under “Harm Reduction Services” in the Pharmaceutical Services, HSCB Services & Guidance section of the BSO website <http://www.hsclubusiness.hscni.net/services/3010.htm>.

In Belfast Trust, the treatment agreement between the doctor, keyworker, pharmacist and patient was revised in 2017 (See Appendix 2). This robust agreement attempts to ensure that all parties are aware of their responsibilities in achieving the best outcome for the patients in treatment.

ACTION FOR PHARMACISTS

- Pharmacists should contact the keyworker or SP team when the patient has missed TWO consecutive doses or has not attended with a prescription as you would have expected them to. For more information on missed doses, see UK guidelines (2017) pp 106-107 <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>
- Pharmacists and their staff should familiarise themselves with the new OST guidance and the revised Belfast Trust treatment agreement. It is important to note the change to the timing of when to contact the keyworker or SP team in order to avoid the need for re-induction.
- Pharmacy staff should ensure that there is a treatment agreement in place for each OST patient.

The role of community pharmacists in delivering this service is much appreciated by the Belfast Trust SP team and HSCB staff.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Joe Brogan', with a stylized, cursive script.

Joe Brogan

Assistant Director of Integrated Care

Head of Pharmacy and Medicines Management

Appendix 1: Guidance on Missed Doses – What’s Changed?

The former guidance “Northern Ireland Primary and Secondary Care Opioid Substitute Treatment Guidelines (2013)”

SECTION 11: Missed doses

The action to be taken by the community pharmacist will depend on the number of consecutive missed doses as follows:

- a. Missed 1-2 doses: situation should be reviewed by pharmacist and discussed with patient. The patient may be maintained on their current prescription. If deemed appropriate, the pharmacist should consider discussing this further with prescriber or keyworker before dispensing medication, e.g. if happening frequently.*

Now superseded by Opioid Substitution Treatment: Northern Ireland Supplementary Guidance for Community Pharmacists (2018):

SECTION 5: Missed doses

The action to be taken by the community pharmacist will depend on the number of consecutive missed doses as follows:

- a. **Missed 1 dose:** The situation should be reviewed by the pharmacist and discussed with patient. The patient should be maintained on their current prescription unless there are concerns about acute intoxication or recent high risk drug use, in which case the pharmacist should discuss the case with the prescriber or keyworker before dispensing medication. The pharmacist should also alert the prescriber or keyworker if the patient is missing doses on a regular basis.
- b. **Missed 2 consecutive doses:** The pharmacist must contact the keyworker before the end of the day coinciding with the second consecutive missed dose. The keyworker will then attempt to contact the patient to establish the reason for missing doses, encourage the patient to remain in treatment and update the pharmacist on any changes in the management plan. The patient should be maintained on their current prescription unless there are concerns about acute intoxication or recent high risk drug use. It is important to try and avoid patients missing 3 doses, at which stage they are likely to need a dose reduction, or are at risk of dropping out of treatment.
- c. **Missed 3 or more doses:** The prescription should be held until the patient has been reviewed by the keyworker and/or prescriber. They will consider whether to recommence their current OST at a lower dose or discontinue OST until it can be

Appendix 2: Belfast Trust Opioid Substitution Treatment Agreement



Belfast Addiction Service, *Substitute Prescribing Team*, First Floor Dunluce Health Centre, 1 Dunluce Avenue, Belfast, BT9 7HR
Telephone: (028) 9063 3113

BELFAST COMMUNITY ADDICTION TEAM SUBSTITUTE PRESCRIBING AGREEMENT

Name: _____ Date Commenced: _____

My Pharmacy is: _____ Pharmacy No: _____

When starting treatment, it is important to give an accurate estimate of your current drug use. This will enable the Multidisciplinary Team to establish an appropriate medication level for you without the risk of overdose.

We ask you to confirm that you are currently addicted to Opioid based drugs and to understand that they can cause serious harm or death in overdose particularly when combined with other drugs. The medication that you will be prescribed is particularly dangerous when taken with Benzodiazepines, Pregabalin and Alcohol.

SUBSTITUTE PRESCRIBING PROGRAMME

Prescription:

- The drug prescribed for you is (**Methadone / Suboxone / Subutex**) and your starting dose will be (.....) **ml / mgs** to be taken orally / sublingually under the supervision of a pharmacist or their nominated agent.

- You agree not to use emergency appointments or the out of hours 'on-call' GP's to discuss your prescription or alterations to it. If you obtain or attempt to obtain further prescriptions from any other doctor, your prescription will be reviewed immediately and may be stopped.

Note; the prescription is not your property under law and if you tamper with or alter it in any way you are committing a criminal offence. The police will be notified and your prescription dosage will be reduced until your dose is zero and your prescription stopped.

Guidelines for Dispensing:

- You agree to accept total responsibility for the prescription and care of all dispensed drugs. **You understand that prescriptions including those for non-Opiate based drugs will not be replaced if lost, mislaid or stolen except in exceptional circumstances.** Further prescribing will not take place until the current prescription has expired. A lost or stolen prescription must be immediately reported to the PSNI and the Crime Reference Number supplied to the SPT.
- Your pharmacist is requested to contact your keyworker, if you fail to attend for your supervised dispensing as part of this treatment agreement during your induction or re-induction.
- The pharmacist or their nominated agent will supervise the dispensing of your medication daily for seven days and the Multidisciplinary team will review the level of supervision as you stabilise in treatment after three months or sooner, if requested by your keyworker.
- You agree not to take Codeine or Morphine-based painkillers unless authorised and prescribed by your GP or dentist. You are advised to consult your pharmacist before purchasing 'over the counter' painkillers as repeated use may affect continued prescribing.
- **If you miss two consecutive doses, your pharmacist will make contact with the substitute prescribing team. (Monday – Thursday only)**
- If for any reason you fail to pick up or miss your prescribed medication of substitution for three consecutive days or more, the pharmacist will be unable to dispense the next dose due to you. You may have lost your tolerance to your prescribed medication and may be at risk of overdose if you take your prescribed dose, please contact your keyworker for an urgent review.

Conditions of the Prescribing Agreement

- You agree to attend appointments with your key worker and the prescribing doctor **on time**. Failure to keep your agreed appointments or if being consistently late this will result in a review of your treatment with the Multidisciplinary Team.
- You must give at least 24 hours' notice if you need to change your appointment except in the case of an emergency.
- You agree to make every effort not to take illicit drugs and not to use alcohol to excess while receiving a prescription from your doctor as alcohol and illicit drugs can have an extremely dangerous interaction with your prescribed medication.
- You agree to provide urine/saliva samples as requested for analysis, if you do not provide requested samples, your prescription and treatment will be reviewed.
- If two consecutive samples test negative for the prescribed medication your prescription will be automatically reviewed.
- You understand that if there is continued use of illicit drugs, evidenced through urine / saliva screening, your treatment will be reviewed.
- You are strongly advised to make arrangements to store all prescribed (and non-prescribed) medications out of the reach of children, preferably in a locked cupboard. Opioid substitute medications are particularly dangerous to individuals that do not have a tolerance for them and particularly for children.
- Evidence from health care professions about misappropriating of your medication or any drugs will result in:
 1. A discussion between your key worker, medical staff and yourself regarding the incident will be investigated and a Multidisciplinary team decision will be made about frequency and appropriateness of continued prescribing.
 2. You will be informed of the outcome of this meeting verbally and in writing and conveyed to you in writing.
- All pharmacies have a time delay safe for the safe storage of Controlled Drugs. This may result in a delay in obtaining your medication.

- If you are asked to leave a given pharmacy, you undertake the role of sourcing a new pharmacy willing to dispense for you. Your keyworker or staff within the SPT team will supply you with names and numbers of Pharmacies that facilitate Opioid Substitution treatment and dispense Substitution medication.
- If this agreement is terminated, you will be issued with a reducing prescription and further substitute prescribing will not be considered for a period of at least three months.

Holidays:

- If you are going on holiday, you understand that you must give your keyworker or SPT staff, as much notice as possible in order to accommodate your request. SPT staff need at least **one** weeks' notice in order to process your request and confirmation of travel **will** be requested on each occasion.
- **Please note minimum requirement is 48 hours' otherwise there is no guarantee that SPT can meet your prescribing needs.**

Driving:

- You understand that you are required by law to inform the Driving Vehicle Licensing N.I. if you wish to or intend to carry on driving. Website: <https://www.nidirect.gov.uk/information-and-services/motoring/driver-licensing>

Behaviour:

- The Belfast Substitute Prescribing Team operates a zero tolerance policy in relation to aggression, violence, intimidation or threats aimed at health care staff and related services. **Any forms of verbal or physical aggression by a patient and anyone accompanying you will be considered a breach of this agreement and result in immediate termination of treatment. The police will be called.**

Regular Review and Long Term Treatment:

- To ensure that the most effective treatment continues to be offered, a regular review of your progress will take place every 3 months for the first year and at least six monthly intervals thereafter. This will be based upon

an evaluation of your progress with, your prescribing doctor, pharmacist and key worker.

- Failure to attend for regular reviews with your key worker and prescribing doctor is likely to result in increased levels supervision of dispensing in your designated pharmacy.
- If benzodiazepines (either prescribed or otherwise) are currently being used, there will be an expectation from the Substitute Prescribing Team that you will reduce this medication and eventually your Benzodiazepines will be stopped. Help with a suitable reduction programme should be discussed with your key worker.
 - You understand that your Pharmacist will not dispense your medication to you if they suspect you are intoxicated on drugs and/or alcohol. If this should happen, you will agree to leave the pharmacy without disturbance and seek an appointment with your key worker.
 - You understand that inappropriate or threatening behaviour (including shoplifting and verbal or physical aggression) that affects the running of the service will result in the termination of your treatment programme.

I have read and understand the above agreement and I agree to abide by it. I understand that Substitute Prescribing will only be considered in collaboration with my GP (Dr) and Community Pharmacist and I hereby consent to information being shared with all relevant parties.

Signed: _____
(Patient)

Date: _____

Signed: _____
(Prescriber)

Date: _____

Signed: _____
(Pharmacist)

Date: _____

Signed: _____
(Key Worker)

Date: _____