SHARED CARE MANUAL

GUIDELINES FOR SHARED CARE
TREATMENT OF OPIATE DEPENDENCY

Compiled by
Addaction in Consultation with NHS North Somerset

A North Somerset Drug Action Team Partnership Initiative

Partnership Members:

NHS North Somerset
Addaction
North Somerset Pharmacists
Battle Against Tranquillisers (BAT)

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1. INTRODUCTION

This document contributes towards good practice in shared care arrangements for the treatment of opiate dependency. They follow National Guidelines outlined by The Department of Health (2007), recent NICE Technology Appraisals and are consistent with standards set by the South West Drug and Alcohol Services Audit Project. They also incorporate good practice as outlined in QuADs – (Quality in Alcohol and Drug Services – SCODA) and will contribute to the implementation of Models of Care for treatment of adult drug misusers (NTA, 2006).

The standard objectives are to ensure that all agencies involved in shared care, have adequate policies and agreements in place.

In order to meet national and local standards, agencies must have a written policy describing the model of shared care to be practised. The policy must describe who is responsible for:

- Assessment
- Compliance monitoring
- Reviews of agreements
- Providing advice and review of treatment options available
- Prescription reviews
- Termination of shared care/treatment agreement.

The policy must describe under what circumstances a prescription will be:

- Commenced
- Terminated
- Re-instated

The policy must also describe any time limits set or expected for the duration of shared care/treatment.

Upon commencement of shared care, all parties must sign an agreement that sets out:

- The intended outcome of the shared care arrangement
- The roles and responsibilities of all parties involved
- Boundaries of confidentiality and information sharing.
2. AIMS AND OBJECTIVES OF SHARED CARE IN NORTH SOMERSET

Aims of Treatment

The overall aims of treatment, as described by Department of Health guidelines (DOH et al 2007), are to:

- Reduce health, social, crime and other problems directly related to drug misuse
- Reduce health, social or other problems not directly attributable to drug misuse
- Reduce harmful or risky behaviours associated with the misuse of drugs
- Attaining controlled, non-dependent or non-problematic drug use
- Abstinence from main problem drugs
- Abstinence from all drugs

(DOH 2007)

The aim is also to:

- Reduce the number of drug/alcohol related deaths in North Somerset
- Encourage ‘good practice’ within a shared care model, which is developed to meet needs of local providers and clients.
- To promote recovery from the damaging effects of substance misuse in terms of life style, health and social well being and its effect on families and friends.

Objectives.

To ensure that GPs, Primary Care Staff, Community Pharmacies, and Voluntary Agencies and Addaction taking part in the scheme in North Somerset, have adequate training, guidelines and agreements in place to meet the aims of shared care.
Models of Shared Care

The Department of Health’s ‘Drug Misuse and Dependence - Guidelines on Clinical Management’, promotes ‘shared care’ as Good Practice.

“Drug users have the same entitlement as other patients to the service provided by the National Health Service. It is the responsibility of all doctors to provide care for both general health needs and drug related problems, whether or not the patient is ready to withdraw from drugs. This should include the provision of evidence-based interventions, such as Hepatitis B vaccinations and providing harm minimisation advice” (Reviewed Shared Care Arrangements for Drug Misusers. Dept. of Health. Executive Letter. 1995).

“Shared care is a model that can be applied to any close co-operative work between agencies or services which directly improves the treatment of individual drug users. It will involve arrangements between Specialist and General Practitioner Services.” (Reviewed Shared Care Arrangements for Drug Misusers. Dept. of Health. Executive Letter. 1995).

The Department of Health defines shared care as

“The Joint Participation of Specialist and GPs (and other agencies as appropriate) in the planned delivery of care for patients with a drug misuse problem, informed by an enhanced information exchange beyond routine discharge and referral letters. It may involve the day to day management by the GP of the patient’s medical needs in relation to his or her drug misuse. Such arrangements would make explicit which clinician was responsible for different aspects of the patient’s treatment and care. These may include prescribing substitute drugs in appropriate circumstances” (Drug Misuse and Dependence-Guidelines on Clinical Management. Dept. of Health, TSO. 1999).

The Department of Health also acknowledges (2007) that although the development of shared care in the UK has taken on a number of different forms the aim of local drug treatment systems is based on local need where “local partnerships (and clinicians) need to work together to ensure local drug treatment systems are commissioned and provided to meet the needs of local drug-misusing populations within defined resources”.

A number of factors account for the development of Shared Care Programmes.

- There is general shift towards a better balance of primary and secondary health care provision with the emphasis being placed on a primary care led NHS.
- Increased preference by substance users to receive care in a primary care setting in the community where possible.
- There are an increasing number of young substance misusers, whose first point of contact is likely to be their family GP.

The Government Guidelines state that Medical Practitioners should not prescribe in isolation but should seek to liaise with other professionals. Shared Care is, therefore, a rational model to improve service delivery, utilising different skills in an effective manner. It is not limited to prescribing and should cover a range of treatment options offered to the patient to achieve the previously stated aims.
It is acknowledged that in North Somerset most patients are managed under a Local Enhanced Service (LES) where Addaction provides the bulk of care and the GP provides scripts for substitute prescribing and General Medical Services. Some are held in specialist care until suitable for transfer to the Shared Care Service.
4. SPECIALIST DRUG AND ALCOHOL SERVICES INVOLVED IN SHARED CARE

Addaction

Addaction is committed to working in partnership to provide shared care treatment for people experiencing substance misuse problems.
The Team is based at:
38 Boulevard
Weston super Mare
North Somerset
BS23 1NF.
Tel No. 01934 427940 Fax No. 01934 415330

Provides services at the team base and various GP practices throughout North Somerset
Addaction offers:

- Specialist assessment of need in relation to drug/alcohol issues.
- Mental health assessment (dual diagnosis) and access to mental health services where appropriate
- Care co-ordination.
- Needle exchange
- Supervised community detoxification programmes.
- Inpatient detoxification programmes.
- Substitute prescribing.
- Individual counselling.
- Social and coping skills training.
- Support and access to other services.
- Support, supervision and training to other professionals.
- Telephone contact for support, information or advice. This can be accessed by calling the above telephone number.
- Psychosocial interventions, contingency management, and CBT
- Rehabilitation and relapse prevention services

The specialist services will co-ordinate shared care with GP, pharmacists and voluntary bodies, and provide a link between other statutory and voluntary agencies.

Battle Against Tranquillisers (BAT)

BAT is a non-profit making organisation working to lessen the harm caused by Benzodiazepines and similar tranquillisers and sleeping pills.

Contact details:
PO BOX 658
Bristol
BS99 1XP

Telephone: 0117 9663629 or 0117 9653463

In North Somerset BAT provides a support group, access to individual counselling and co-run the joint drop in service on Tuesday 11am-12noon.
5. GUIDELINES ON GOOD PRACTICE

The key to the success of Shared Care lies in:
- Effective communication.
- An appropriate level of support to the GP, primary health care team and pharmacists.
- The willingness and flexibility of all parties involved in shared care to work together.

Prescribing Treatment Options

The medication prescribed in Opiate treatment is Methadone Mixture 1mg/1ml and Buprenorphine (Subutex)- prescribed according to clinical need.

Naltrexone may also be clinically indicated as part of a treatment package. Where this is indicated, the Specialist Service will initiate Naltrexone and undertake to monitor progress when transferred to GP prescribing. The maximum period Naltrexone will be prescribed for is 6 months.

RECOMMENDATIONS FOR GOOD PRACTICE

- Treatment for the substance misuse problem should not begin until assessment has taken place by the Addaction.
- If a patient on a shared care programme contacts the surgery concerning a problem with a prescription, the surgery will need to be able to respond to this appropriately, possibly with the authorisation of the specialist team in complex cases.
- The GP should report to the specialist team any other medication they may prescribe to a patient on the shared care programme.
- All clients to sign the North Somerset prescribing contract, confidentiality form and individual treatment plan before the commencement of shared care treatment.
- Any prescribing needs to be part of a comprehensive treatment package which will aim to involve psychosocial interventions.
- Refer clients to other agencies for services where necessary
- Medication will be initially prescribed for daily, supervised consumption at a specified chemist – any changes to dispensing arrangements will be negotiated as part of the care plan. 3 months is the acknowledged normal length for supervised consumption but this will be reviewed by the specialist team according to client’s needs.
- Prescriptions should be recorded accurately in patient documentation so that amounts and dates are easily accessible.
- Prescriptions for daily dispensing should be written on a blue FP10 (MDA) prescription (maximum 14 days)
- Every effort should be made by the prescribing doctor to ensure that prescriptions are produced in a timely manner to ensure continuation of treatment.
- Alterations in dosage will be communicated to the prescribing doctor by fax and these will be implemented as soon as possible and preferably within 3 working days.
- Regular attendance at appointments with the keyworker will be a condition of receiving a Methadone/ Buprenorphine prescription. If clients are unable to attend appointment they are required to inform the service as soon as possible to re-arrange it. Failure to regularly attend appointments will result in treatment review and possible termination of the treatment programme.
- No new benzodiazepine prescribing should take place for those on a shared care programme, unless negotiated with the specialist team as part of an approved treatment plan.
• Those already using Benzodiazepines non-therapeutically will be offered a reduction schedule as part of their contract and offered referral onto Battle Against Tranquillisers.

• Methadone and Buprenorphine are currently the only licensed substitute medication for opiate dependency. Dihydrocodeine is not recommended. Where patients are already on Dihydrocodeine, the plan would be to convert this to licensed medication.

• All parties involved in shared care should ensure all patients receive information and advice concerning HIV, Hepatitis B and C infection and treatment and onward referral as required.


Hidden Harm; Responding to the needs of children of drug misusers - http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm?view=Binary

• All substance misusers will be notified to the National Drug Treatment Monitoring System (NDTMS) so that statistics can be monitored.
6. SHARE CARE PATHWAY

Shared Care pathway for patients presenting to GP

Patient presents to GP
Drug history bloods BBV counsel

GP assesses need for Specialist input

If no
Refer onto other agency such as BAT

If yes
Total Specialist Care by Addaction

If no
Specialist assessment for suitability for Shared Care Programme

If no
Referral onto other agency such as BAT

If yes
Negotiation of Treatment Plan with Patient, GP and other agencies as appropriate

Regular review of treatment plan with patient, Addaction and GP.

Remain in Shared Care

Referral onto BAT or other part of Specialist Services

Discharge from care
(a) Assessment.

The role of primary care

GPs and the Primary Care Team are in a position to be able to offer substance misusers the same health care service offered to the general population. When a patient presents with a history of substance use, they are able to offer assessment and treatment for physical and psychological problems whether associated with substance use or not. Should a patient report using substances, and expresses a desire for treatment, the following action should be taken.

1. The GP arrange the following blood tests: LFT’s, Gamma GT and FBC to contribute to the assessment process.

2. The GP to discuss/ arrange Hepatitis B, C and HIV testing, vaccinations and treatment options.

3. A referral to the Addaction should be made on the appropriate referral form (appendix 1). This will include a brief history of the substances used, the problems experienced by the patient and a copy of the blood test results and evidence of BBV counselling and vaccination.

4. Substitute prescribing for the substance misuse problem should not begin until assessment has taken place by the Specialist Team unless operating under the enhanced LES.

5. Refer to other agencies as appropriate

The role of Addaction

To undertake an assessment of suitability for shared care. If Addaction and the GP feel that the patient is suitable for shared care, the team will arrange a shared care package. This will include:

- A letter to the GP, and other agencies as appropriate, outlining assessment and treatment plans.
- A prescribing contract.
- A negotiated individual care plan.
- A consent form concerning confidentiality.
- Referral to or other agencies

(b) Compliance with medication will be monitored by:

- Patients being followed up at regular appointments with staff from the specialist drug and alcohol team.
- Drug screens being taken on appointments to establish patterns of substance use and compliance with Methadone/ Buprenorphine treatment.
- Pharmacy feedback to keyworkers concerning compliance with treatment regimes and any inconsistency of attendance. In particular, the pharmacist would communicate to the prescriber and the specialist team when a patient has missed daily pick up of medicines for more than 3 days.
Treatment agreements will be negotiated and reviewed in the following way.

The Specialist Practitioner will:

- Conduct initial assessments and present to team for care plan recommendations. Negotiate care plans and contracts with the patient and others involved in their care.
- Co-ordinate a Full Review of the care plan at three monthly intervals or sooner if the need arises.
- The Specialist Service keyworker will liaise with all relevant parties on an ongoing basis during treatment.
- Advise the GP regarding the treatment, prescribing and management of a patient.
- Supervise the work of the Addaction’s Community Drug and Alcohol Workers.
- Aim to provide advice on non pharmacological interventions.

The Community Drug & Alcohol Workers in the Addaction team will:-

- Contribute to the implementation of packages of care under the supervision of the Specialist Practitioner.
- Review their patient caseload and provide counselling and support on a regular basis.
- Complete progress reports and communicate to all those involved in a patient’s care. A copy of the progress report will be kept on file.

The Specialist Multidisciplinary Team will:

- Supervise all treatment plans.

(c) Prescription reviews (also see ‘The prescribing of substitute medication’).

The GP will:

- Prescribe medication as negotiated with Addaction.
- Review the patient on a regular basis e.g. 3 monthly or as agreed with the Specialist Nurse/Team.
- Communicate to Addaction any changes in treatment, which may occur.

The Specialist Practitioner, with the support of the Community Drug and Alcohol Workers will:

- Review the patient and their prescription throughout the treatment episode, on a regular basis depending on the patient’s level of stability and need.
- Reporting on a patient’s progress in our clinical team meeting.
- Communicate with other agencies as appropriate.
- Advise the GP regarding the treatment, prescribing and management of a patient.

Termination of a shared care treatment agreement.

Termination of a shared care agreement will involve negotiation with the keyworker, the GP, Addaction and the Pharmacy. It may occur when:-

- There is a breach of the shared care prescribing contract (appendix 3).
- There is completion of a programme e.g. when a patient has completed a detoxification regime or entered a rehabilitation/aftercare programme,
- When a patient drops out of a programme (e.g. there have been a number of missed appointments or there is no contact from the patient).
- When a patient is referred onto other agencies and the need for shared care involvement is no longer necessary.

A letter will be sent to all agencies involved on the completion of each treatment episode.

### 8. THE PRESCRIBING OF METHADONE/ BUPRENOPHINE (SUBUTEX)

A Methadone/ Buprenorphine prescription can be commenced following:

- An in-depth assessment by the Addaction team.
- Physical dependence has been established through drug screening and assessment.
- Physical tests.
- An agreement by the patient and all involved to the negotiated treatment package.

**Termination of a Methadone/ Buprenorphine prescription. (see also Section 7)**

Termination of the prescription will involve negotiation with the patient, the keyworker, the GP, Addaction team and the Pharmacy. It may occur when:

- There is a breach of the shared care contracts (see termination of shared care agreement above).
- When illicit drug and/or alcohol use continues and it is assessed to be unsafe to continue prescribing.

A prescription may be terminated immediately or replaced with a detoxification regime agreed with the Addaction team and the GP.

Should a prescription for medication be discontinued for any reason, supportive counselling may continue to be offered, or the patient may be referred onto other agencies as appropriate.

**Re-instatement of a prescription.**

If a patient does not collect a Methadone/ Buprenorphine prescription for 3 consecutive days, the prescription will be cancelled and treatment reviewed before re-commencing any prescription.

Referral for re-assessment for shared care may take place following a *one month* period following discharge from the programme and end of substitute medication. Priority for re-assessment will depend on need.

### 9. THE DURATION OF SHARED CARE PACKAGES

The duration of a shared care package will depend on the individualised aims of care (Individualised care plan, app. 3). Long term prescribing may take place in the Continuing Care Service, if considered therapeutic. There will be an emphasis on moving on in treatment with the use of both pharmacological and non-pharmacological interventions to establish a long term change in drug misuse and promote recovery from substance abuse.
10. AGREEMENTS TO BE SIGNED ON COMMENCEMENT OF SHARED CARE

(a) The intended outcome of the shared care/treatment arrangement.

The Patient and Addaction team will agree and sign:

- a treatment contract.
- an individualised care plan.
- a consent form regarding the Service’s policy on confidentiality.

Patients will negotiate individualised goals and intended outcomes providing a baseline assessment against which progress can be monitored and reviewed.

At the discretion of the pharmacist, the patient and pharmacist will agree and sign a pharmacy contract.

(b) The roles and responsibilities of all parties involved.

The roles and responsibilities of all parties involved will be discussed with the patient on assessment. The individualised care plan will identify the person responsible for addressing each area of assessed need and this will be communicated to all parties involved. The Keyworker will provide a co-ordinating role for patients in shared care and should be the first point of contact if the patient experience problems concerning their prescription or care programme (see appendix 4 ‘Professional Roles within the Shared Care Model’).

(c) Boundaries of confidentiality and Information sharing.

Boundaries of confidentiality will be discussed at initial assessment and signed by the patient to indicate their agreement to sharing information with specific services/ individuals.

This will be reviewed regularly.

11. QUALITY ASSURANCE

We are committed to providing high quality and accessible treatment and care. To achieve this we implement regular evaluation of the services provided/ needed, ensure clinical governance informs best practice, participate in audit and actively seek service user’s views.

ACTIVITY AND OUTCOME MONITORING

We employ a number of tools to gather data:

- North Somerset Specialist Community Safety Drug Action Team data collection systems reporting to National Drug Treatment Monitoring Service
- Outcome Monitoring via TOPS at assessment, reviews and discharge.
- Internal and external audit.
- Feedback from service users and professional groups.
Appendix 1

Joint Referral Form
This is a referral into the Treatment System and confidentiality will be maintained between both ARA and Addaction unless specifically requested by the client. Please specify if the patient has a specific requirement regarding confidentiality.

<table>
<thead>
<tr>
<th>Date of Referral:</th>
<th>Client’s Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>NHS No:</td>
</tr>
<tr>
<td></td>
<td>Ethnicity:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Telephone Numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home</td>
</tr>
<tr>
<td></td>
<td>Mobile</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Post Code:</th>
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<table>
<thead>
<tr>
<th>Referrer Details:</th>
<th>Telephone Number:</th>
</tr>
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<tbody>
<tr>
<td>Name:</td>
<td>Fax Number:</td>
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<tr>
<th>Address:</th>
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<th>GP Details:</th>
<th>Telephone Number:</th>
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<td>Fax Number:</td>
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<table>
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<tr>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>Social Situation: Specify:</th>
<th>Other Agencies Involved with client:</th>
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</thead>
<tbody>
<tr>
<td>Housing Problem: Yes/No</td>
<td></td>
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<tr>
<td>Dependant Children: Yes/No</td>
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<tr>
<td>Pregnant: Yes/No</td>
<td></td>
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<tr>
<td>Offending: Yes/No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Amount</th>
<th>Inject/Smoke/Sniff/Oral/Other</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Amphetamines</td>
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<tr>
<td>Cannabis</td>
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<tr>
<td>Crack</td>
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<td>Cocaine</td>
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<td>Opiates</td>
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<td>Other</td>
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<tr>
<td>Prescribed</td>
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<td>Medication:</td>
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<td>Reasons for referral:</td>
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<td>Motivating Factors:</td>
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<td>Relevant Physical Health Status:</td>
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<td>Relevant Mental Health Status:</td>
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<tr>
<th>Treatment Requirements (Please Highlight)</th>
<th>Alcohol Treatment</th>
<th>Day-Care</th>
<th>Detoxification</th>
<th>Drugs Intervention Team</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Needle exchange and Harm Reduction</td>
<td>Prescribing Services</td>
<td>Psychosocial Interventions</td>
<td>Residential Treatment</td>
</tr>
</tbody>
</table>
Appendix 2

Confidentiality Consent form
and Agreement of Treatment Expectations
Confidentiality:

We run a confidential service. We will not share information and knowledge about you without your permission. However, information about you and/or your treatment may need to be discussed with your GP and appropriate colleagues within Addaction. If we prescribe medication for you, we will need to notify your GP of this for clinical safety reasons.

There are a few exceptional circumstances where we would disclose information to an outside agency without consent:

- If it is believed that the welfare and safety of children and young people under 18 are being put at risk.
- If you express an intent to harm yourself or we have any concerns about your immediate welfare.
- If you express an intent to harm or cause injury to a third party.
- If our service is instructed by a court of law to reveal information about you.

Any decision to breach confidentiality is treated very seriously and if we are able, we will notify you of this and our reasons for doing so. The decision would always be made by the team manager or their deputy.

Driving:

Under the road traffic act people holding or applying for a driving licence must tell the DVLA of any disability likely to cause them to be a danger while driving. This includes regular drug misuse or drug dependency, even if you are prescribed medication.

While on methadone of any kind you will not be able to drive large goods vehicles (such as lorries) or passenger carrying vehicles (such as buses).

While on injectable methadone you will not be able to keep your licence.

Once you tell the DVLA that you are on/prescribed oral methadone or other substitute medication they will seek written consent to get confirmation/information from your doctor about your medical status. The DVLA may require you to be seen by medical team and have urine tests. From this they will make a decision about your licence.

It is an offence to be in charge of a vehicle if “unfit to drive through drink or drugs.”

If you don't tell you can face prosecution for failing to disclose your medical status. It also means that your insurance will be invalid.

Proof of disclosure needs to be provided to Addaction. If not provided, Addaction may need to contact the DVLA. See www.direct.gov.uk for more information.

NDTMS

Addaction is required to help local service planning responsibility by sending client information to the National Drug Treatment Monitoring System (NDTMS). The information is also used to help give a more realistic picture about national drug treatment and service user needs. It will also be used to help agencies to develop and/or improve their services. Your full name and addresses ARE NOT provided to this database – The only identifiers sent are initials, date of birth and first part of your postcode, additional data is held in coded form on the NDTMS.
Case Notes

Case notes will be stored securely and every effort will be made to safeguard your identity.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO CONDITIONS.

<table>
<thead>
<tr>
<th></th>
<th>Client Initialled</th>
<th>Staff Initialled</th>
<th>Date</th>
<th>Reason not agreed</th>
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<tbody>
<tr>
<td>NDTMS</td>
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<td>Driving</td>
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<td>Confidentiality</td>
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<td>Case Notes</td>
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Consent:

Sharing information with other agencies:

Under normal circumstances, written consent will be obtained from you before the information is disclosed.

Inquiries from families and friends.

No information will be shared with family or friends without your consent. It would be helpful if you could indicate below who we can share information with. Any information share would be on a strictly "needs to know" basis.

I CONSENT TO ANY OR ALL OF THE INFORMATION BEING SHARED WITH AND RECEIVED FROM:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Extent of Disclosure</th>
<th>Signed</th>
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Agreement of Treatment Expectations

As a client of Addaction, I will:

• Agree a Recovery Plan with my assigned keyworker, and will work to achieve the goals of my plan.
• Attend my appointments at the time agreed.
• Not present in an intoxicated state, and understand that if Addaction deem me to be intoxicated then I may not be seen and any treatment I am receiving may be reviewed.
• Will not bring illicit drugs or alcohol on to the premises.
• Will not bring valuables including bicycles, on to the premises as their security cannot be guaranteed.
• Act appropriately whilst on the premises of any body involved with my treatment, including Addaction, my G.P or Pharmacy. Acts of verbal or physical aggression or illegal activity on the premises of any of my treatment providers may lead to my treatment being withdrawn.
• Agree to provide samples of urine or saliva for testing as part of my treatment.
• Understand that if I miss more than 3 consecutive days of dispensing of medication, or if my attendance at the pharmacy is irregular, that my medication may be withheld for my safety and I will need to re-engage with Addaction before prescribing is resumed.
• Understand that any medication or prescriptions given to me are my responsibility and will not be replaced.
• Understand that I must give 7 days notice of any requests for changes to prescribing.
• Understand that if I do not attend my appointments at Addaction my treatment will be reviewed and may be suspended or withdrawn, and that my medication may be withheld for my safety and I will need to re-engage with Addaction before prescribing is resumed.
• Be required to make a separate agreement regarding confidentiality and sharing of information, and my responsibilities regarding driving and notifying the DVLA.
• Will not bring animals other than guide dogs to Addaction
• Understand that for reasons of their safety, I will not bring children to Addaction unless by prior agreement with my keyworker.

As provider of your treatment, Addaction will:

• Offer you a service that is individual to your needs and informed by best practise.
• Assign you a named Keyworker who will work with you to achieve the goals you have agreed in your Recovery Plan.
• Treat you with respect and dignity, be non judgemental, and will discuss your treatment needs with you and with the treatment team to ensure your care is managed appropriately.
• Wherever possible arrange appointments at a time and place to suit you.
• Seek opportunities to ask you for your opinion on how services could be improved, and look for your support in making positive changes to Recovery focussed treatment in North Somerset.

Signed                                  Date
Addaction workers signature              Date

(please ensure a copy is given to the client and both copies are signed)
Appendix 3

Recovery Plan
## Significant Risk Issue:

(see risk management plan where required)

### Summary of Identified Need:


### Summary of Long Term Goals (over 3 months):


<table>
<thead>
<tr>
<th>PRIORITY RATING – linked to goal planner</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
</tr>
<tr>
<td>Facilitator / Responsibility Details and Review Date (actual date not just ‘3 months’)</td>
</tr>
<tr>
<td>Goal of Intervention – Time Frame (short term less than 3 months), include contingencies where appropriate</td>
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<tr>
<td>Drug &amp; Alcohol Use (incl. harm reduction)</td>
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<td>B.</td>
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<td>C.</td>
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<td>E.</td>
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<th>Other</th>
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Carer/Family Involvement/Comments:

Any Comments/Differences in Opinion Between Care Co-ordinator & Client:

Copy Given to Client: (insert date)

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Client Signature:                           Care Co-ordinator Signature:

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Review Date1:                           Review Date2:                           Review Date3:
Appendix 4

Professional Roles within the Shared care Model
The Development of Shared Care:

- Enhance primary care skill in detecting and managing patients with drug misuse problems.
- Enable the patient to be treated in primary care for as long as possible.
- Optimises resources and increases treatment options.

The Role of the GP and the Primary Care Team

GPs and the primary care team are in a position to be able to offer drug users the same health care service offered to the general population. They are in a position to:-

- Offer initial assessment and treatment for physical and psychological problems whether associated with drug use or not.
- Complete a referral to Addaction. Should a patient express a desire to receive treatment the appropriate referral form should be completed, and a brief history of the drugs used and the problems experienced by the patient included.
- Review the patient as negotiated in the care plan, while patients are on a shared care programme. Ideally, this would be performed every 3 months.
- Prescribe medication as negotiated with the Specialist Practitioner and the Specialist Service, who will review the patient throughout the treatment episode. Continue to provide regular prescriptions and manage errors in prescribing internally without disruption to service users care. To manage requests for changes to prescribing within a timeframe, as responsive as possible.

The Primary Care Team are also able to provide blood tests for hepatitis screening, hepatitis B vaccinations and to request urinalysis for drug screening.

The Role of the Specialist Service, Specialist Nurse Practitioner and Community Drug and Alcohol Worker

It is not always appropriate for patients to be managed within a shared care model and some patients will need to be managed principally by Specialist Services e.g. those with complex medical or psychological need. This is why assessment by the Specialist Service is central to the care programming process.

The Specialist Drug and Alcohol Service will:

- Receive referrals from GPs and prioritise for assessment according to need.
- Discuss each patient following assessment and decide on an appropriate plan of care.
- Be responsible for making decisions concerning patient care and offer supervision, support and advice to keyworkers and GPs.
- Allocate patients to:
  - ‘Total care’ within the specialist drug/alcohol service.
  - ‘Shared care’.
  - Other services as appropriate.
- Provide a telephone contact service for advice, information and support.

The Team Consultant will share medical responsibility jointly with the GP while a patient is on a shared care programme. The GP would provide normal GMS provision to the patient while the Team Consultant provides expertise in the medical management of the drug addiction.
The Specialist Practitioner, with the support of the Community Drug and Alcohol Worker, will:

- Provide the role of keyworker for patients in shared care and co-ordinate care.
- Conduct initial assessments and present them to the Multidisciplinary Specialist Drug and Alcohol Service.
- Negotiate care plans and contracts with patients and others involved in their care.
- Confirm in writing the care plan with all agencies involved.
- Review each patient on a regular basis and complete progress reports that will be communicated to all those involved in a patient’s care, including the GP, and kept on file.
- Offer a range of treatment options, including psychosocial interventions.
- Provide prescribing advice.
- Refer onto other agencies as appropriate.
- Offer support, advice and training to the primary care team and community pharmacists, and facilitate joint working arrangements.
- Be the point of contact if a patient experiences problems concerning their prescription and care programme.

The Role of the Pharmacist

Pharmacists will:

- Administer and supervise medication on a daily basis,
- Provide feedback to the keyworkers concerning compliance with treatment regimes and any inconsistency of attendance at the pharmacy.
- Ensure that the medication is prescribed correctly and dispensed safely.
- Offer advice concerning safe storage of medication.
- At the discretion of the pharmacist, discuss the ‘pharmacy’ contract with each patient who attends their pharmacy.
- Be responsible for collecting prescriptions from the GPs practice on behalf of the patient.
- Report to the prescriber if more than 3 consecutive days medication has been uncollected.
- To engage in training, where necessary, to maintain good standards of practice and to keep the pharmacy staff updated.

The Role of Other Agencies

There are occasions when other agencies are involved with patients on shared care programmes. They may provide an invaluable contribution to a patient’s treatment package. Specialist drug and alcohol voluntary agencies may provide:

- Individual and group work.
- Community care assessment of need (which could lead to residential rehabilitation).
- Access to training and work opportunities.
- Probation Services may become involved should patients need to address offending behaviour.
- Child and Family Social Work Teams may be involved with childcare issues.
- Community Mental Health Teams may be involved when mental health difficulties are experienced.
Sharing of information between agencies needs to be agreed with the patient (see Confidentiality Consent Form) unless there is an agreed exception to confidentiality.
Appendix 5

Information Concerning Fitness to Drive
Specialist Drug and Alcohol Services

Information for clients regarding fitness to drive

Driving is a complex task, and requires the driver to be fully alert. Any substances that have an influence on brain function or on mental processes involved in driving will clearly affect driving performance. All drugs of addiction, including alcohol, can seriously affect your ability to drive safely.

According to the Road Traffic Act, there are certain medical conditions where an individual is required by law to notify the Driver and Vehicle Licensing Agency (DVLA), for example, epilepsy and diabetes are included. Drug or alcohol dependence or misuse is also considered a medical condition which may affect fitness to drive, and as such requires notification to the DVLA. **This applies even if you do not drink-drive, or drive under the influence of drugs.**

- **It is your legal responsibility to inform the DVLA of your drug/alcohol dependence or misuse,** and the DVLA will then make a decision on your fitness to drive. They may ask for reports from your GP or the Specialist Drug and/or Alcohol Service.
- **You also need to inform your insurance company.** Driving whilst unfit through taking prescribed or illicit drugs of addiction will invalidate your insurance, and is an offence which may lead to prosecution.
- The persistent use or dependence on any drug of addiction, including prescribed drugs, will normally lead the DVLA to revoke or decline to issue a driving licence (unless certain strict conditions, as described below, are met).
- The use of prescribed opiates or other addictive medications, e.g. methadone, buprenorphine, dihydrocodeine (‘DF118’s), benzodiazepines (‘valium’, ‘librium’, ‘nitrazepam’, ‘temazepam’) etc. is only permitted if:
  - You are fully compliant with treatment
  - Your Doctor confirms that you are not sedated or otherwise affected by the medication
  - You do not use any illicit drugs of any type at all (e.g. a single use of cannabis will result in immediate withdrawal of the licence).
  - You undergo regular reviews from a DVLA doctor.
- The DVLA will never allow anyone on intravenous drugs to hold a driving licence, even if these are prescribed and you never use any other drug, and you are completely compliant with treatment.
- Vocational licences i.e. those required to drive public vehicles or heavy goods vehicles, will not be granted where there is a history of alcohol dependency within the past three years, and would not normally be issued for individuals who are dependent on drugs.
Appendix 6

Methadone Leaflet
Can I take other medicines?
Other medicines may interact with methadone causing unwanted effects. Medicines you can buy over the counter without a prescription may interact with prescribed medicines. Always ask your doctor or pharmacist before taking any other medicines.

Can I drive?
Methadone can make you feel sleepy and dizzy. If this happens, do not drive or work with machinery.
It is an offence to be in charge of a vehicle if unfit to drive through drink or drugs. Use of some medications which impair the ability to drive is also subject to specific rules in order to continue to drive.
When taking methadone, your driving license is invalid unless the DVLA allows you drive again subject to a favourable medical review. If unsure, please contact the DVLA for specific advice.

Can I drink alcohol?
Avoid drinking alcohol while taking methadone. The combined effects of methadone and alcohol can make you feel more sleepy.

Can I get pregnant or breastfeed?
Medicines can have harmful effects at any time during pregnancy.
If you are pregnant, or are planning to get pregnant, you should seek advice from your doctor. You and your doctor or specialist will decide if the potential benefits of treatment outweigh the potential risks to the baby.

Methadone passes into breast milk. If you are breast-feeding, you should get your doctor’s advice.

IMPORTANT
Remember to keep medicines where children cannot see or reach them, in a locked box or cupboard. Even small amounts of medications or drugs for an adult can be fatal for a child. Never share medicines with others even if their symptoms appear the same as yours.

NEVER EXCEED THE STATED DOSE OF YOUR METHADONE
**What is methadone for?**
Methadone is used to help overcome addiction to opiate drugs such as heroin. It works by preventing or reducing unpleasant withdrawal symptoms when coming off opiate drugs. It is also used in the treatment of severe pain and coughing in terminal illness.

**How should I take methadone?**
Before taking methadone, tell your doctor if:
- you suffer from any other conditions, especially those of the heart, liver, kidney, epilepsy or respiratory problems
- you take any other medicines
- you are pregnant or planning pregnancy
- you are breastfeeding
- you are allergic to methadone

Your doctor will decide how much methadone is right for you to take. Do not give or share this medicine with others.

Methadone can be taken with or without food. When taken orally as syrup, you should clean your teeth straight after taking your methadone or rinse your mouth with water as this will help to cut down on tooth decay.

Never take more than the prescribed dose. If you suspect that you or someone else has taken an overdose of methadone, contact your doctor or go to the accident and emergency department of your local hospital straight away. Always take the container with you, if possible, even if it is empty. Ask your pharmacist or nurse if you are not sure of anything.

**What happens if I stop taking methadone abruptly?**
Some people stay on methadone long-term but others may want to come off drugs altogether.
If you want to stop taking methadone do it with your Addaction worker and your doctor who will reduce the dose gradually in order to avoid withdrawal symptoms such as sweating, feeling hot and cold, runny eyes and nose, yawning, being off food, stomach cramps, feeling sick or vomiting, diarrhoea, tremor, poor sleep, restlessness, general aches and pains, and just feeling awful.
These symptoms tend to ease and go within five days. However, you may then have persistent cravings for drugs, remain tired, and have poor sleep for quite some time afterwards.

**What if I forget to take methadone?**
Take the missed dose as soon as possible. However, if it is almost time for the next dose, skip the missed dose and take the next dose at the usual time. Do not double the dose or take extra doses to make up. If you have missed several doses (three or more), you should contact your Addaction worker who should be able to advise you further.

**Are there any side effects?**
Methadone may cause side effects in some people, but they may vary from person to person. Many side effects wear off over time.

Known side effects include:
- drowsiness
- headaches
- constipation
- sweating
- restlessness
- hot flushing of skin
- feeling overexcited
- sexual problems
- feeling sick or being sick
- dizziness when standing
- dry mouth, eyes and nose

Occasionally, more serious side effects can occur. These may include:
- allergic reaction such as rash, swelling, difficulty breathing
- difficulty in passing water
- shortness of breath
- low body temperature
- seeing or hearing things that are not there

If you are concerned about side effects, talk to your doctor, pharmacist or nurse. If you think a medicine has caused you an unwanted side effect, please report the problem either on a Yellow Card form available from your doctor, nurse or pharmacist OR at this website [http://www.mhra.gov.uk](http://www.mhra.gov.uk). Your may also report it ONLINE at [http://yellowcard.mhra.gov.uk/](http://yellowcard.mhra.gov.uk/).
Appendix 7

Buprenorphine Leaflet
Can I take other medicines?
Other medicines may interact with buprenorphine causing unwanted effects. Medicines you can buy over the counter without a prescription may interact with prescribed medicines.

Can I drive?
Buprenorphine can make you feel sleepy and dizzy. If this happens, do not drive or work with machinery.

It is an offence to be in charge of a vehicle if unfit to drive through drink or drugs. Use of some medications which affect the ability to drive is also subject to specific rules in order to continue to drive.
When taking buprenorphine, your driving license is invalid unless the DVLA allows you drive again after a medical review. If unsure, please contact the DVLA for specific advice.

Can I drink alcohol?
Avoid drinking alcohol while taking buprenorphine. The combined effects of buprenorphine and alcohol can make you feel more sleepy.

Can I get pregnant or breastfeed?
Medicines can have harmful effects at any time during pregnancy.
If you are pregnant, or are planning pregnancy, you should seek advice from your doctor. You and your doctor or specialist will decide if the potential benefits of treatment outweigh the potential risks to the baby.

Buprenorphine passes into breast milk. If you are breast-feeding, you should get your doctor’s advice.

IMPORTANT
Remember to keep medicines where children cannot see or reach them, in a locked box or cupboard. Even small amounts of medications or drugs for an adult can be fatal for a child. Never share medicines with others even if their symptoms appear the same as yours.

Never exceed the stated dose of your medicine.

Buprenorphine is known as Subutex®. It is available as a sublingual tablet (dissolves under the tongue). It is also known by other names and it is available as different forms for uses which are not covered in this information leaflet.

Buprenorphine is pronounced: bew-PREH- nor-feen.
What is buprenorphine for?
Buprenorphine is used to help overcome addiction to opiate drugs such as heroin. It works by preventing or reducing unpleasant withdrawal symptoms when coming off opiate drugs. It is also used in the treatment of moderate to severe pain.

How should I take buprenorphine?
Before taking buprenorphine, tell your doctor if:

- you suffer from any other conditions, liver, kidney or respiratory problems
- you take any other medicines
- you are pregnant (or planning pregnancy) or breastfeeding
- you are allergic to buprenorphine

Your doctor will decide how much buprenorphine is right for you to take. Never take more than the prescribed dose. If you accidentally take more than the prescribed dose or an overdose of buprenorphine, contact your doctor or go to the accident and emergency department of your local hospital immediately. Always take the container with you, if possible, even if it is empty. Do not give or share this medicine with others.

Buprenorphine can be taken with or without food. The tablet should be placed under the tongue and kept there until it has dissolved which usually takes 5 to 10 minutes. Do not chew the tablets and avoid swallowing until the tablet is fully dissolved. Ask your pharmacist or nurse if you are not sure of anything.

What happens if I stop taking buprenorphine abruptly?
Some people stay on buprenorphine long-term but others may want come off drugs altogether. If you want to stop taking buprenorphine ask your doctor who will reduce the dose gradually in order to avoid withdrawal symptoms such as sweating, feeling hot and cold, runny eyes and nose, yawning, being off food, stomach cramps, feeling sick or vomiting, diarrhoea, tremor, poor sleep, restlessness, general aches and pains, and just feeling awful. These symptoms tend to ease and go within five days. However, you may then have persistent craving for opiates, remain tired, and have poor sleep for quite some time afterwards.

What if I forget to take buprenorphine?
Take the missed dose as soon as possible. However, if it is almost time for the next dose, skip the missed dose and take the next dose at the usual time. Do not double the dose or take extra doses to make up. If you have missed several doses (three or more), you should contact your Addaction worker who should be able to advise you further.

When will buprenorphine start to work?
Buprenorphine takes 1-2 hours to work fully and its effects last for about 25 hours. Thus, buprenorphine needs only to be taken once a day.

Are there any side effects?
Buprenorphine may cause side effects in some people, but they may vary from person to person. Many side effects wear off over time. Known side effects include:

drowsiness
weakness
difficulty sleeping
feeling or being sick
headaches
constipation
sweating
fainting and dizziness
shortness of breath
feeling faint or dizzy on standing

Occasionally, more serious side effects can occur. These include:

allergic reaction such as wheezing, itchiness, rash and swelling
breathing more slowly or weakly than expected
liver side effects like poor appetite, yellow skin or eyes..
sensing things that are not real
difficulty passing water

If you are concerned about side effects, talk to your doctor, pharmacist or nurse.
If you think a medicine has caused you an unwanted side effect, please report the problem either on a Yellow Card form available from your doctor, nurse or pharmacist OR at this website http://www.mhra.gov.uk. You may also report ONLINE at http://yellowcard.mhra.gov.uk/.
Appendix 8

Naltrexone Patient Information Leaflet
Your Guide To Nalorex®
(Naltrexone Hydrochloride)

What is Nalorex?
Nalorex (Naltrexone) is an opioid blocker. Nalorex may be given to you after detoxification or withdrawal to help you remain free from opioid drugs like heroin, morphine, codeine and methadone.

How Does Nalorex Work?
Nalorex works by blocking the effects of opioids in the body. If you take an opioid such as heroin or methadone while taking Nalorex, the opioid should have no effect. Nalorex treatment can help you to keep off opioid drugs by blocking the euphoria or high that they can cause.

How Is Nalorex Treatment Started?
Nalorex treatment is only started once you have been through detoxification or withdrawal. It is very important that you are completely clear of opioids before starting Nalorex. This may take 7 – 10 days. If opioids are still in your body you will go into instant withdrawal or ‘cold turkey’. To make sure there are no opioids left in your system, your doctor or drug worker may do the following tests:

Your urine may be screened for the presence of opioids.
You may be given a Narcan challenge. You will be given an injection of another opioid blocker called Narcan. If there are still opioids in your system this may bring on a withdrawal, but it will not last as long as with Nalorex.
A sample of blood may be taken to check how well your liver works before and during treatment.

What Happens Next?
If the tests are clear, you will be given half a tablet of Nalorex, after which you will be watched carefully for a while to make sure you do not experience any withdrawal effects.

If you have no reactions to Nalorex you should continue to take one Nalorex tablet every day. Or, for convenience, your doctor may advise you to take your tablets three times a week, for example: two on Monday, two on Wednesday and three on Friday.

Most people find that Nalorex tablets are suitable for them. However, as with all medicines, Nalorex can sometimes cause unwanted side effects.

If side effects occur they may be similar to those that you would feel when going through withdrawal from opioids. These include difficulty sleeping, anxiety, stomach cramps, sickness and diarrhoea, lack of energy, joint and muscle pain etc.

What Else Do I Need To Know?
Nalorex blocks the effect of all opioids including some commonly used painkillers and some medicines for cough and diarrhoea. You need to remember this and remind your doctor, dentist and pharmacist so you can get the right medicine.
You will be given a small plastic card known as a medical alert card. You should always carry this with you while you are taking Nalorex. In the event of an emergency the card gives any medical staff looking after you vital information to help them to help you.

Other Important Factors
Having the right support and environment can be crucial in helping you to give up and more importantly stay away from heroin and other opioids.

Support:
Family, friends, doctors or drug workers can give essential support through the withdrawal process and also give you support to stay off drugs.

Environment:
Stay away from situations and places where drugs are being used and readily available. This might mean not seeing old friends or changing your social scene.

Understanding The Triggers:
What are the triggers that make someone turn to drugs?
What other emotional or practical issues are being experienced?
Use friends, family or drug counselling services for support.

Further information is available inside every pack of Nalorex. If you need more advice or information, please consult your doctor, drug worker or pharmacist.

Provided as a resource to healthcare professionals by: Bristol-Myers Squibb Pharmaceuticals Ltd

Bristol-Myers Squibb
141 – 149 Staines Road
Hounslow, Middlesex
TW3 3JA England
Telephone: +44 (0)20 8572 7422   Fax: +44 (0)20 8754 3789

Source: patient Information Leaflet produced by Bristol-Myers Squibb Ltd
Appendix 9

Shared Care Prescription Record Sheet
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<th>Medication</th>
<th>Dispensing arrangements</th>
<th>Wording to be included on prescriptions</th>
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<tr>
<td>Buprenorphine</td>
<td>Daily supervised consumption (1)</td>
<td>(1) Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure.</td>
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<tr>
<td>Physeptone</td>
<td>Daily Pick-up (1)</td>
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<tr>
<td>Other (specify)</td>
<td>Other (specify) (1&amp;2)</td>
<td>(2) If an instalment prescription covers more than one day and is not collected on the specified day, the total amount prescribed less the amount prescribed for the day(s) missed may be supplied.</td>
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<tr>
<th>Date</th>
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SHARED CARE PRESCRIPTION RECORD SHEET
GOOD PRACTICE GUIDELINES

- The system works best with:
  1. Copies of this record sheet filed in one folder - (GP practice and Pharmacy to each have folders)
  2. Identified administrator/clerk to co-ordinate prescriptions and ensure ready for Pharmacy collection
  3. In some practices, to have an identified GP to sign prescriptions
- Addaction will contact Pharmacy to ensure they are able to take on new client
- Addaction will send a copy of this form to GP, GP Prescription clerk/administrator and pharmacist on transfer to shared care.
- The pharmacist to use this record sheet to record and collect prescriptions from GP practices.
- GP practice to use this record sheet for recording the details of medication, dose, dispensing arrangements and number of days treatment AND to ensure prescription is ready for collection.
- NB The start date on the prescription MUST correspond with the day the prescription is due
- Addaction will inform the GP practice and pharmacist of any changes to medication.
- As a general rule prescriptions to be due on a Wednesday each week to allow time for any alterations required to be carried before the weekend.
- Replacement prescriptions must be made available to pharmacy within 24 hours.
- If Pharmacy can no longer provide a service to a client they must notify Addaction.

GUIDELINES FOR WRITING A PRESCRIPTION
When writing a prescription for Methadone or Buprenorphine, the following guidelines need to be adhered to:

- NB The start date on the prescription MUST correspond with the day the prescription is due
- Multiple dispense prescriptions need to be written on the blue FP10 prescription. Single pick up prescriptions can be written on the usual Green prescription.
- Delete and replace with: Prescriptions must be produced either on computer or by hand following guidelines outlined in DOH UK Guidelines on Clinical Management (2007)
- The medication and formulation needs to be written first i.e. Methadone 1mg in 1ml, Subutex 2mg tablets.
- The daily dose in both words and figures
- The start date for dispensing.
- The total amount to be dispensed (the daily amount x the number of days) again in words and figures.
- The dispensing arrangement i.e. supervised consumption, twice a week pick up etc
- Endure it is written on every prescription ‘to give Sundays and Bank Holidays dose in advance’ then this ensures these are not missed.
- NB This Does Not Apply For Prescriptions Dispensed At Pharmacies That Are Open 7 Days A Week (Except Holiday Times) And This Will Be Made Clear In The Transfer Arrangements
Appendix 10

Action Pro-Forma

Interim Information Form for GP’s/ Pharmacists re Prescribing/ Treatment Plans
Action Pro-forma

Date Sent to GP / Pharmacy

Client Details
DoB

GP

Interim Prescribing Recommendation / plan

Thank you in advance,

James Brazier
Team Leader
ADDACTION
<table>
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<tr>
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<th>Routine</th>
<th>Urgent</th>
<th>No of pages</th>
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**Name:** Name: James Brazier

Addaction
38 Boulevard
Weston Super Mare
NorthSomerset
BS23 1NF

**Tel:** Tel 01934 427940

**Fax:** Fax 01934 415330