Health and Social Care Board

To: Community Pharmacists

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Dear Colleague

OPIOID SUBSTITUTION THERAPY: NI SUPPLEMENTARY GUIDELINES FOR COMMUNITY PHARMACISTS 2019

I enclose new supplementary guidance for community pharmacists on Opioid Substitution Treatment (OST) provision in Northern Ireland.

The provision of OST to patients is a valuable and important service which supports the work led by the Trust Substitute Prescribing (SP) teams in each geographical area. Community Pharmacy staff are the only HSC staff who see OST patients on a regular (usually daily) basis and play an important role in the successful management of patients in opioid substitution treatment.

In 2017, the clinical aspects of OST care outlined in the NI Primary and Secondary Care Opioid Substitute Treatment Guidelines (2013) http://niformulary.hscni.net/Formulary/Adult/4.0/4.10/Pages/default.aspx , were superseded by the Drug misuse and dependence: UK guidelines on clinical management (2017)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.

The enclosed guidelines contain information specific to community pharmacy in Northern Ireland and are supplementary to the UK guidelines. They have been developed in line with the UK (2017) document by consultant psychiatrists, HSCB pharmacy advisers, practising pharmacists and SP team leads. An electronic copy can be accessed under “Harm Reduction Services” in the Pharmaceutical Services, HSCB Services & Guidance section of the BSO website http://www.hscbusiness.hscni.net/services/3010.htm .

ACTION FOR PHARMACISTS

- Pharmacists and their staff should familiarise themselves with the new OST supplementary guidance. An important point to note is the change to the timing of when to contact the keyworker or SP team in the event of a missed dose in order to avoid the need for re-induction of treatment. (Appendix 1)

The role of community pharmacists in delivering this service is much appreciated by the Trust SP teams and HSCB staff. I would also like to advise you that the service model is currently being reviewed, in conjunction with CPNI, by the Service Development group and we will update you in due course.

Yours sincerely,

Joe Brogan
Assistant Director of Integrated Care
Head of Pharmacy and Medicines Management

CC. Trust Opioid Substitution (Substitute Prescribing) Services
Addiction Services Managers
GP substitute prescribers
Gary Maxwell, Health Development Policy Branch, DoH

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.

b. Missed 3 or more doses: prescription is held until patient has been reviewed by keyworker and prescriber to identify how the patient has managed without medication and to consider recommencing at a lower dose. If the patient's dispensing regime is less than daily dosing, the prescriber should consider increasing the level of supervision.

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. **<u>Missed 1 dose</u>: 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. **<u>Missed 2 consecutive doses</u>: 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. **<u>Missed 3 or more doses</u>: 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 reinitiated by the addiction service. If the patient's dispensing regime is less than daily dosing the prescriber should consider increasing the level of supervision.**

The pharmacist should keep a record of communications with healthcare staff.