

To: All Community Pharmacies

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Dear Colleague

LEARNING FROM SERIOUS ADVERSE INCIDENT (SAI): ACTION REQUIRED WHEN A PATIENT RECEIVING ORAL SUBSTITUTION TREATMENT (OST) MISSES DOSES OR CIRCUMSTANCES CHANGE

In July 2019, 'Opioid Substitution Treatment: Northern Ireland Supplementary Guidance for Community Pharmacists' was issued to all community pharmacies. An important change to previous guidance about when a key worker and/or prescriber should be contacted following patient missed dose(s) was highlighted in the accompanying [letter](#).

In November 2019, further HSCB correspondence was issued to community pharmacists providing the OST supervision service, reminding them of the actions required with regards to missed doses or a change in circumstances. Regrettably since the guidance was circulated, a number of incidents have occurred where pharmacies have not contacted the key worker and/or prescriber in the timeline stipulated.

Contacting the key worker and/or the prescriber in Community Addiction Services in the event of missed doses is a critically important element of the OST service. In one incident, a SAI occurred where a service user did not collect their daily medication for 4 days and unfortunately died due to a suspected accidental overdose. A number of factors were involved in this SAI, however as part of the incident review, it was also noted that the missed doses had not been reported to the key worker by the pharmacist.

The service provided by community pharmacies means that the pharmacist is often the first and best placed healthcare professional to make a regular assessment of the patient's compliance with treatment and of their general health and wellbeing. **It is therefore vital that all staff involved with the provision of this service are fully aware of the steps to follow.**

Following a review of these incidents by HSCB, an addendum to the original guidance has been produced, providing further clarity on contacting the keyworker/prescriber and the actions required by the community pharmacist after missed doses (see Appendix 1). Pharmacists should retain this addendum and keep with the original guidance document.

Updated Guidance:

The action required by community pharmacists is dependent on the number of consecutive missed doses as per **new amended [guidance](#)**

- 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 make every reasonable effort to contact the keyworker* before the end of the addiction clinic's working 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 pharmacist must make every reasonable effort to contact the key worker and/or prescriber*. The prescription must 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.

**Any contact required with the keyworker and/or prescriber should be made via the appropriate Community Addiction Service to discuss the community pharmacist's concerns with the service user's keyworker, or if not available the duty worker or prescriber.*

If contact with the keyworker or prescriber is required on a day the Community Addiction Service is closed, for example public holidays or weekends, or contact with the service has not been possible for reasons outside the pharmacy's control, then contact by the community pharmacist should be made as early as possible on the next working day.

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

ACTION REQUIRED BY COMMUNITY PHARMACISTS

- Pharmacists should ensure the information outlined in this letter is brought to the immediate attention of all staff involved in the provision of this service, including locums.
- Pharmacists should retain Appendix 1 of this letter and keep with the original guidance document
- Ensure relevant processes are reviewed and SOPs updated as required
- Ensure a list of contact names and telephone numbers for prescribers and local addiction teams is kept and maintained in the pharmacy. A directory of NI drug and alcohol services can be found via the following link: <http://services.drugsandalcoholni.info>
- The pharmacist should keep a record of any communications with healthcare staff.

If you have any general queries relating to OST, please contact Joanne Crawford, Pharmacy Adviser (joanne.crawford2@hscni.net) or the Pharmacy Adviser in your local HSCB office.

HSCB acknowledges the difficulties currently facing community pharmacies as a result of the COVID-19 pandemic and wish to thank you again for your continued commitment to this important service.

Yours sincerely,



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

Contact Details for Local Integrated Care Offices:				
Belfast	South Eastern	Southern	Northern	Western
12-22 Linenhall Street Belfast BT2 8BS	12-22 Linenhall Street Belfast BT2 8BS	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena BT42 1QB	Gransha Park House 15 Gransha Park Clooney Road Londonderry BT47 6FN
Tel: 028 9536 3926	Tel: 028 9536 3926	Tel: 028 9536 2104	Tel: 028 9536 2812	Tel: 028 9536 1082
pharmacyservicesbelfast@hscni.net	pharmacyservicesse@hscni.net	pharmacyservicesouth@hscni.net	pharmacyservicesnorth@hscni.net	pharmacyserviceswest@hscni.net

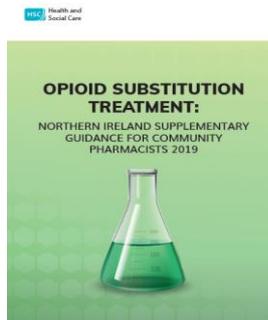
CC. GP (Substitute prescribers)
 Gary Maxwell, DoH
 Stephen Bergin, PHA
 Prison Services
 Trust Chief Executives for onward distribution to:
Trust Community Addiction Teams
Trust Substitute Prescribing Teams

Enc.

January 2021

Addendum to the Opioid Substitution Treatment: Northern Ireland Supplementary Guidance for Community Pharmacists 2019.

The Opioid Substitution Treatment: Northern Ireland Supplementary Guidance for Community Pharmacists was issued to all community pharmacies in July 2019.



This addendum provides further information for community pharmacists in relation to missed doses and contacting the keyworker and/or prescriber:

- Any contact required with the keyworker and/or prescriber should be made via the appropriate Community Addiction Service to discuss the community pharmacist's concerns with the service user's keyworker, or if not available the duty worker or prescriber.
- The following text on missed doses should replace the information provided on page 19 of the guidance document.

SECTION 5: Missed doses

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

- d. 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.

- e. Missed 2 consecutive doses: The pharmacist must make every reasonable effort to contact the keyworker before the end of the addiction clinic's working 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.
- f. Missed 3 or more doses: The pharmacist must make every reasonable effort to contact the key worker and/or prescriber. The prescription must 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.

If contact with the keyworker or prescriber is required on a day the Community Addiction Service is closed, for example public holidays or weekends, or contact with the service has not been possible for reasons outside the pharmacy's control, then contact by the community pharmacist should be made as early as possible on the next working day.

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

For more information on missed doses see ***Drug misuse and dependence: UK guidelines on clinical management (2017) pp 106-107.*** <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

The updated full [guidance](#) document is available on the Harm Reduction section of the BSO website.