**Appendix 1: Out of Hours**

**Provision of Opiate Substitution**

**Service to be provided**

**Objective**

To provide emergency back up for amendments or re-issuing of established prescriptions for opioid substitution treatment.

**Hours of operation**

Monday – Friday: 6.30 p.m. till 8.00 a.m.

Saturday, Sunday and Bank Holidays: 0.00 p.m. till 12.00 p.m.

**Target group**

Service is to be provided for patients who are currently being prescribed by a Bristol GP or the Bristol Specialist Drug and Alcohol Service, where evidence shows that they have not missed more than 2 consecutive doses.

**Referral source**

Request for service can only come from a Bristol Community Pharmacist

**Protocols:**

* faxed copy of insufficient prescription to Out of Hours service as proof of existence with details of change required to replace existing script;
* in circumstance where script is lost , then pharmacist faxes details of on-going prescription using official pro-forma script to cover the minimum period required;
* Out of Hours provider to advise patient’s GP of script issued within two working days;
* pharmacist to advise patient’s GP /PCT of incident using standard incident reporting template;
* replacement scripts can only be provided :

a) where script exists but requires amendment;
b) where evidence of the most recent dispensing is available;
NB – this service is intended for compliant patients, and should not be used where it appears there have been more than 48 hours of discontinuous treatment.

* Out of Hours service to ensure safe delivery to the pharmacy within 2 hours.

**Procedure Chart at Pharmacy**

**Patient arrives at pharmacy**

**Problem with script**

**Pharmacy unable to issue methadone, surgery closed**

**Pharmacist rings Out of Hours Service**

**Pharmacist completes pro-forma and faxes to Out of Hours Service**

**(with evidence)**

**Pharmacy receives new script**

**Pharmacy issues opioid substitution**

**Pharmacy completes Incident Report**

**Pharmacy sends completed report to patient’s GP and PCT**

**Procedure Chart at Out of Hours Service**

**Out of Hours Service receives telephone call from pharmacy**

**Faxed pro form received with detail of issue**

|  |  |
| --- | --- |
| **Evidence of existing script** |  **Script missing** |
|  |  |
| **Reprint with amendments** |  **Use pro-forma to issue** **script for minimum period** |
|  |  |
|  |  |
| **Out of Hours ensures safe delivery** **of script to pharmacy within 2 hours** |
|  |
| **Advise patient’s GP within 2 working days** |

**Request for replacement script (opioid substitution programme)**

Name of requesting pharmacist:

Address of requesting pharmacy (stamp):

Date of request:

Time of request:

**Patient details**

Name: Date of birth:

Address:

GP and surgery address:

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|  |
| --- |
| **Nature of problem (please tick):** |
| 1. Script needs amendment | □ |
| 2. Script mislaid | □ |
| 3. Other | □ |
|  |
| **1. Amendment needed** (please fax copy of script)  |
| **2. Lost script*** Details of most recent current script (fax copy of label)
* Date last dispensed:
* Medication provided:
* Daily dose:
* Level of supervision:
* How many days required:
 |
| 1. **Other** (please specify)
 |

Signature of pharmacist:

Name of pharmacist:

Date:

Please fax this form together with evidence of current dispensing arrangements to 0117 9030019

Tel: 0117 9030016 / 01172449283