



Pharmacy Transfer of Service Users on the Methadone Treatment Protocol

Document reference number		Document developed by	Liaison Pharmacists (HSE Addiction Services) and CTL Co-ordinator
Revision number	1	Document approved by	Chief II Liaison Pharmacists (HSE Addiction Services) & CTL Co-ordinator
Approval date	01 January 2015	Responsibility for implementation	Chief II Liaison Pharmacists (HSE Addiction Services) & Central Treatment List Staff
Revision date	01 June 2015	Responsibility for review and audit	Liaison Pharmacists (HSE Addiction Services) and CTL Co-ordinator

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Policy statement

This policy describes the procedures for transferring a service user from one dispensing location i.e. community pharmacy or Addiction Treatment Centre to a new community pharmacy for the dispensing and supply of Opioid Substitution Treatment (OST). The transfers within community based settings are best carried out in a mutually agreed timeline as this will ensure that the Public Claim Reimbursement Scheme (PCRS) and the Central Treatment List (CTL) data align.

The transfer of service users should be done to facilitate their current needs and requirements i.e. change of address or a return to work which may allow improved adherence to treatment. Furthermore transfers may be necessary in instances where relationships between the service user and pharmacist deteriorate or the pharmacist is no longer in a position to provide the service that the service user requires. Transfers should be facilitated only when necessary to minimise the possibility of potential error and risk, and administrative workload involved.

Purpose

The purpose of this policy is to ensure the safe and suitable transfer of service users from one pharmacy to another following the request of the service user; pharmacist; prescriber; or clinical team.

Non- adherence to these procedures and lack of communication between all parties may result and has in the past resulted in duplication of treatment.

Service user registration

To avail of OST every service user is listed on the Central Treatment List (CTL) Each service user is listed with one specific GP and one specific pharmacy. Every service user is given a unique identification PH number and the community pharmacy is issued with a treatment card containing this number, the service user's name, a photograph of the service user, a copy of the service user's signature and the name of the service user's GP and pharmacy. Cards are valid for a maximum of one year. They are the property of the community pharmacy and should not be given to the service user. Treatment cards are not currently issued to on site dispensing in Addiction Treatment Centres.

Scope

This policy applies to service users, community pharmacists, GPs and medical practitioners in Addiction Treatment Centres, Liaison Pharmacists, Central Treatment List Staff and Addiction Treatment Centre pharmacists if involved in or requesting the transfer of location on behalf of service users for dispensing and supply of OST.

Glossary of terms and definitions

Service user: A patient listed on the Central Treatment List (CTL) for the purpose of receiving Opioid Substitution Treatment (OST) for dependant opioid use

Central Treatment List: The Central Treatment List (CTL) is a national list of all service users in receipt of OST for opioid addiction which is administered at the National Drug Treatment Centre on behalf of the Health Service Executive.

Liaison Pharmacist (LP):	Chief II pharmacist, (HSE Addiction Services)
HSE DML:	Helen Johnston (Dublin South East, Wicklow) Denis O’Driscoll (South West Dublin, South Dublin, Kildare)
HSE DNE:	Nihal Zayed (Dublin North City and County)
All other HSE Areas:	Norma Harnedy

Opioid Substitution Treatment: The use of licensed medications for the treatment of dependant opioid use such as methadone, buprenorphine and buprenorphine/naloxone , see SmPC for further details: www.hpra.ie, www.medicines.ie, www.ema.europa.eu and www.medicines.org.uk

Prescriber: For the purpose of this policy this refers to the treating doctor or suitably qualified GP registered to prescribe OST the service user.

Roles and responsibilities

Relevant persons who may initiate the Pharmacy transfer process

Include the service user, current community pharmacist, member of the clinical team such as a nurse or prescriber and Liaison Pharmacists. It is the responsibility of the person submitting the form to include the service user in the process and inform them of any new arrangements; the date on which these will commence; and the name and location of their new pharmacy.

The Liaison Pharmacist may complete the form on the request of a relevant person who may not have access to the form.

Central Treatment List (CTL)

In instances where the transfer forms are directly sent to the CTL, the CTL staff will inform the relevant LP of the requests.

Once the transfer has been carried out, the CTL will update the service user's details in accordance with their internal procedures and file the form in order to comply with the Data Protection Act.

Liaison Pharmacist (LP)

The LP will assess the reason for the transfer and may:

1. Refuse the request, documenting the reason for the decision and will inform the person who submitted the form
2. Transfer the service user to the new pharmacy as per procedure below

Role of pharmacy

Each community pharmacy should have a Standard Operating Procedure available to inform all pharmacy staff of these procedures:

1. Where a pharmacy has agreed to provide a dispensing service for any service user, the pharmacists must ensure that the details on the treatment card are as agreed with LP. They must ensure that OST is not dispensed by their pharmacy prior to the start date on the treatment card. It is also important that the pharmacist contacts the CTL or Liaison pharmacist if the treatment card is not in place by the required date or if a patient presents to them for treatment with no treatment card in place
2. Where a pharmacy has been informed by the LP that a patient will no longer be attending, the pharmacists must not dispense to the patient should the patient present after the agreed date. They should consult with the LP immediately if the service user requests dispensing after this date.
3. Where notification has been received from the CTL to destroy the card, the treatment card should be destroyed immediately in accordance with the requirements to maintain patient confidentiality and to comply with Data Protection legislation.

Procedure

This procedure will outline the following:

- When to complete the pharmacy transfer form
- What details should be filled in on the form
- Who should complete the form
- Availability of forms
- What the Liaison Pharmacist and the CTL should do on receipt of the request
- What should be done with the form on completion of the request

When to complete the pharmacy transfer form

1. The form should be completed before the service user transfers from one dispensing location to another In order to initiate the process.
2. If a service user is admitted to a residential centre where they are to be continued on OST and OST will be supplied for the period from a different dispensing site a new treatment card will issued by the CTL to the pharmacy which will provide OST to the patient while s/he is resident in the unit. The LP will contact the original pharmacy to inform them they should not dispense methadone to the patient until this has been approved by the LP (when the service user leaves the unit). The supervising pharmacist in the community pharmacy should take the Treatment card out of the current file and store in the safe with details of the arrangement, informing all pharmacy staff that methadone should not be dispensed to this service user until authorised.
3. If a pharmacy transfer is at the request of a service user s/he will need to sign the transfer form where possible. The request should be discussed with the prescribing doctor and s/he must be kept informed of dates agreed for transfer etc
4. A pharmacy transfer form does not need to be completed if a service user is admitted to hospital or in custody.
5. If a service user is due to transfer treatment to a different prescribing doctor or location within a four week period of the pharmacy transfer both should occur simultaneously where possible to minimise paper work.

Details required for completion of the Pharmacy Transfer Form:

1. **Photograph:** The photograph used to issue the Treatment Card held by the CTL needs to be less than 5 years old to allow correct identification of the service user by the new pharmacy. A new photograph should be included with the form by the prescriber if the existing photograph held by the CTL is older than 5 years, the prescriber will need to check with the CTL if a new photograph is required. It is imperative that the service user signs the back of the newly submitted photograph.
2. **Pharmacy location:** The preferred location of the pharmacy should be entered on the pharmacy transfer form. If the Service User expresses a preference for a particular pharmacy or expresses that s/he does not wish to attend a named pharmacy this information also needs to be included.
3. **Dispensing requirements:** Inclusion of this information is especially relevant where seven day (7-day) dispensing is required, as not all community pharmacies can provide this.
4. **Date/Day** the prescription starts: In order to facilitate the safe transfer it is imperative that this information be available. The date on which the transfer is stated on the card should coincide with a new RX. Commencement of dispensing can only occur at any community pharmacy on receipt of a valid treatment card and a correctly written prescription.
5. **Date for change to take place:** This date may not be as initially requested on the form. If the date is changed the LP must inform the prescriber and both pharmacists i.e. that the patient is transferring from and to

Relevant persons who may initiate the Pharmacy transfer process

Include the service user, current community pharmacist, member of the clinical team such as a nurse or prescriber and Liaison Pharmacists. It is the responsibility of the person submitting the form to include the service user in the process and inform them of any new arrangements; the date on which these will commence; and the name and location of their new pharmacy.

The Liaison Pharmacist may complete the form on the request of a relevant person who does not have access to the form.

Pharmacy transfer forms are available from the CTL and from the local Liaison Pharmacist.

Where should the person initiating the transfer request send the form to?

1. The person initiating the request should send the Pharmacy Transfer Form to the LP or CTL per agreed protocol. If the CTL receive the form the staff member will contact the relevant LP by telephone, and communicate all details to the LP in order that the LP make the necessary arrangements and communicate with all parties involved in the process, as required. The LP can request a copy of the transfer form from the CTL and CTL staff will provide this to the LP.

The LP will contact the person making the request if further details are required.

2. The LP will contact the new pharmacy; confirm they are in a position to provide dispensing to the service user and the expected date of attendance for dispensing.
3. The LP will communicate with the pharmacy sites from which and to which the transfer is requested and will confirm the date of transfer with both parties, when agreement is reached and the CTL have agreed to send the treatment card.
4. If the form is received or written by the LP, s/he will communicate with and forward a copy of the Pharmacy Transfer Form to the CTL by fax (01)6488602 or by post. Notification to the CTL must allow a minimum of two working days for postage of the treatment card and to ensure it is received by the pharmacy before the first prescription is due to be dispensed.
5. The CTL issue an OST card to the new pharmacy.
6. The CTL will send a letter cancelling treatment in the previous pharmacy. The CTL usually send out this letter once weekly but this is dependant on resources.
7. The LP will inform the person who submitted the form of the new arrangements.
8. The transfer form will then be filed in compliance with Data Protection policy and legislation (Data Protection Act 2014). It will be sufficient that one copy is retained by the CTL and any other copies destroyed.

Reasons for transfer

The LP may wish to record the reason for transfer as a reference. The decision to transfer the service user is made at the discretion of the LP. Emergency transfers are facilitated as soon as possible but will require a minimum of two working days and this is pending all paperwork completed and received. All service users must be made aware that they must normally attend the pharmacy for a minimum of one month before another transfer can be requested

Reasons for transfer may include:

Reason for request	Factors to consider
Emergency	Pregnant Temporary Release Medical Complications
Change of service user address	Is the new address within easy reach of the current pharmacy? Does the service user move address frequently?
Prescriber request	7 day dispensing required Barred
Pharmacy request	Any behavioural issues Barred
Service user request	Pharmacy staff issues Intimidation by other service users Need to avoid other service users in the pharmacy Extended opening hours needed for work



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE ADDICTION SERVICES
PHARMACY TRANSFER FORM

PATIENT DETAILS:								
SURNAME:								
FIRST NAME:								
INSERT PHOTO Check if photo is up date and INSERT PHOTO if not	CURRENT ADDRESS: (Complete Fully)							
DATE OF BIRTH: <table style="margin-left: 20px; border: none;"> <tr> <td style="text-align: center; font-size: small;">DAY</td> <td style="text-align: center; font-size: small;">MONTH</td> <td style="text-align: center; font-size: small;">YEAR</td> </tr> <tr> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> </table>		DAY	MONTH	YEAR	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
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CURRENT PHARMACY NAME & ADDRESS:		CURRENT OST PRESCRIBER NAME:						
Tel no:		Tel no:						
Reason for Transfer: Requested by Patient <input type="checkbox"/> Change of Patient Address <input type="checkbox"/> Patient's Work commitment <input type="checkbox"/> Requested by Doctor <input type="checkbox"/> Requested by Pharmacist <input type="checkbox"/> Clinical Team Decision <input type="checkbox"/> Other: <input type="checkbox"/> Specify	Dispensing Requirements (please tick) Once/week <input type="checkbox"/> Twice/week <input type="checkbox"/> Three times/week <input type="checkbox"/> Weekend <input type="checkbox"/> Daily <input type="checkbox"/> Daily & take away for Sunday/Bank Holiday <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine/Naloxone <input type="checkbox"/>	What day does prescription start in the pharmacy (Please tick) Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>						
First choice Area or Pharmacy Name:		Second choice Area or Pharmacy Name:						
Signed : _____ (To be signed by Service User)		Date: _____						
Form submitted by (include title) _____ (Pharmacist, Doctor, Nurse, Patient etc)		Tel/Mob: _____						
Signed : _____		Date: _____						

For office use Only: (In Order to complete this, the Liaison pharmacist will need to receive the original form):

Liaison Pharmacist Only			
Initial Date Request Received		Processed by	
Check last pharmacy location		Check with new pharmacy location	
Reason for pharmacy change		Confirmed Start Date with new pharmacy	
Date approved by Liaison Pharmacist		Date sent to CTL	
If Applicable complete the following:			
Date Prescriber informed		Patient informed	
Date approved by Co-ordinator (if necessary)		Methadone Dose (ml)	

Central Treatment List Only

Initial Date Received:			
COMMENCEMENT DATE:	DAY □ □	MONTH □ □	YEAR □ □
		DATE DUE TO FINISH:	DAY □ □ □
			MONTH □ □
			YEAR □ □
PH: □ □ □ □ □ □			
Date Prescriber informed:		Date Prescriber informed:	
Processed by:		Checked by:	

References

¹Department of Health and Children. *Review of the Methadone Treatment Protocol*.2002

S.I. No. 225/1998 — Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations, 1998. <http://www.irishstatutebook.ie/1998/en/si/0225.html>

Patient Transfer Form DNE available from nihal.zayed@hse.ie