

# Pharmacy aspects of methadone prescribing

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# Overview

- Why should pharmacist's be involved?
- The contribution pharmacists can make
- Key issues:
  - Confidentiality and information sharing
  - Feedback systems
  - Shared care
- Recent developments and future roles
- Summary

# Why should pharmacist's be involved?

- Pharmacists are experts in medicines: pharmacology and therapeutics
- Community pharmacy is a generic place for healthcare services
- Community pharmacists have/can develop relevant skills and knowledge
- Daily dispensing means daily contact with patients
- Can build up rapport and trusting relationship –seeing outcomes makes it a rewarding area to work in
- Often have contact with the family as well –support can be given
- Contracted to provide services that support primary care
- Open long hours including Saturdays and often Sundays and PH
- Financial incentives

# The contribution pharmacists can make

- Support during titration and stabilisation
  - Daily dispensing and supervised consumption
  - Monitoring of well being
  - Respond to side effects and identify interactions
  - Health checks e.g. BP
- Monitoring treatment
  - Respond to missed doses
  - Feedback to prescriber e.g. after change in dose/take homes
  - Input to treatment decisions
  - Contribute to shared care team
- Harm reduction
  - Needle exchange/sales and safer injecting advice
  - Hep B vaccination (being piloted)
- Respond to other health issues e.g. OTC sales, PGD supplies, health promotion

# Key issues re. general practice:

- Confidentiality and information sharing
  - Benefits and risks of info. sharing
  - Should be on a 'need to know' basis
  - The types of information that is useful for
    - (a) *patient wellbeing*
    - (b) *pharmacist*
  - Agreement with patient at start of treatment
  - Must ensure a constructive response to issues
- Feedback and liaison
  - Notify pharmacist prior to Rx
  - Use of forms for feedback?
  - Phone contact very useful
- Shared care
  - Attend case meetings
  - Key worker visits to pharmacy
  - Joint training pharmacy staff with general practice staff

# Recent developments and future roles

- Govt response to Shipman IV: modernisation of Controlled Drug legislation relevant to dispensing
- New Pharmacy Contract
  - Dispensing services are core
  - Supervised consumption and needle exchange are 'enhanced' level
  - Require private area (for Medicines Use Review -also enhanced)
  - Standard operating procedures must be in place
- Supplementary prescribing includes controlled drugs
- Independent prescribing –not include controlled drugs: future?

# Summary

- Drug dependence treatment is an area where pharmacists see patient response to treatment clearly due to daily contact
- Pharmacists can make a valuable contribution to the care of methadone patients
- Pharmaceutical care goes beyond dispensing
- Many pharmacists want to be involved more –there is a lot of training available
- Good communication is key –pharmacists often work in isolation and feel ‘left out’
- Roles and responsibilities need to be clear to patient’s from the outset, information sharing needs to be agreed and ‘need to know’