LOCAL ENHANCED SERVICE
SHARED CARE FOR PATIENT'S PRESCRIBED OPIATE SUBSTITUTION THERAPY (OST).

DOCUMENT CONTROL			
Policy Group	Clinical		
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Version No:	3	Implementation date:	September 2023
Status:	Approved by ADTC 29/10/25.	Last review date:	Oct 2025
Approved by:	Controlled Drugs Governance Group, PCD, Mental Health Senior Management Team,	Next review Date:	Oct 2027

Introduction

All practices within Dumfries and Galloway are expected to provide essential and those additional services they are contracted to provide to all of their patients. This Local Enhanced Service (LES) specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient which are beyond the scope of essential services.

This specification will describe the relationship of practices who choose to participate in the LES with the NHS Specialist Drug and Alcohol Service based at Lochfield Road, Masonfield and Innistaigh.

Background

The Scottish Government Medication Assisted Treatment (MAT) standards state 'all people have the option of MAT shared with Primary Care.' (Standard 7)

Evidence shows that opiate drug users whose use has been stabilised can be successfully maintained in treatment in Primary Care Services.

Most positive outcomes for patients are achieved when services work together in a co-ordinated manner to target identified needs.

Aims

The aims of this service are to:

(a) ensure that patients' identified needs are met by the most appropriate service provider
(b) increase the choices for patients so that their treatment can be delivered locally
(c) **ensure that transfer from the Specialist Service to Primary Care and vice versa is as seamless as possible for the patient.**

Service to be Provided

This Local Enhanced Service will focus on the Shared Care of patients on Opiate Substitution Therapy (OST) between the Specialist Service and the patient's primary care prescriber. This could be any prescriber within the practice that has competence in prescribing for this patient group e.g. GPs, Pharmacist prescribers, Nurse prescribers.

The Specialist Service will provide the following on transferring the patient (appendix 1):

- A clear treatment plan documenting the current prescription, including dispensing arrangements.
- A summary of identified issues, confirmation of blood borne virus (BBV) testing if applicable and naloxone education and supply.
- Identification of the other agencies involved.

The primary care prescriber will provide the following:

- The prescription for OST; long acting injectable buprenorphine (Buvidal), oral buprenorphine (Espranor), methadone or ongoing preventative treatment once the patient is abstinent (naltrexone).
    a) If providing OST, no more than 7 days should be collected by the patient at a time and some requirement for supervision, either daily or pick up days is

preferred, unless there are exceptional circumstances; i.e. employment, physical health conditions.

b) Prescriptions for Buvidal should be sent to the preferred pharmacy in advance and agreement made with the pharmacy to deliver the stock back to the surgery in time for the patient's next administration appointment. The named patient stock should be stored appropriately until administered.

- Follow-up review appointments:
  a) For individuals on a maintenance programme of oral OST, a frequency of appointments between 1 and 3 monthly.
  b) For individuals prescribed Buvidal, monthly appointments for administration and holistic reviews at least every 3 months.

The frequency of reviews might increase/decrease according to clinical circumstances.

The MINIMUM review period for a stable individual is 3 months.

As best practice, holistic reviews should be in a number of domains:

- The prescription (e.g. any problems, side-effects) should be reviewed alongside other medications prescribed for appropriateness, interactions etc and to ensure monitoring requirements have been carried out
- Physical health (e.g. weight, injection sites, BBV status) as well as any other long-term condition management for that individual patient
- Mental health.
- Social functioning (e.g. housing, employment, crime, debt).
- Illicit drug use.
- Alcohol use.
- Any problem behaviours (e.g. in the community pharmacy, GP surgery).
- Each review visit should include a urine drug screen (at least every 3 months) and general harm reduction advice, including providing a prescription for naloxone if appropriate or signposting for naloxone provision where needed. The urine drug screen can be a full screen which is sent to LABS or can be a point of care test with an instant result as long as this is documented in the patient notes.

Recording of the above progress in the individual's clinical record.

Participation in this LES will invite an agreement to subscribe to a **shared** approach to prescribing for this group of patients:

Any concerns about individual patients should be discussed in the first instance with the practice's SDAS Link Team (see follow-up). Changes to prescribing can be done in conjunction with the practice's link team as needed.

Training

Education sessions will be provided by SDAS and any training needs can be communicated with SDAS as and when required.

Shadowing opportunities will be made available for any interested prescribers to spend time with a prescriber within the NHS Specialist service.

Please contact Samantha Nairn, Specialist Pharmacist in Substance Misuse if you would be interested in this on 01387 244555.

It is expected that each practice will identify interested prescribers to oversee the patient's treatment. This does not need to be a GP and could be a pharmacist or nurse prescriber where appropriate.

Training can be organised for Buvidal administration and review appointments to any member of the practice team who is deemed appropriate to provide injections.

The NHS D&G OST guidance is available on NHS D&G intranet.

Follow up

Although the patients in this LES have been discharged from the Specialist service, **each practice will have an SDAS Link Team, who can provide support**. Any concerns should be addressed to the Link Team in the first instance and should be emailed via the generic SDAS admin mailbox: dg.das-admin@nhs.scot (see appendix 2). Minor lapses of drug use and dose adjustments might well be dealt with in this way, whereas major relapse would necessitate the transfer of the patient's management back to the Specialist service. The link team can assess the patient and deem whether they are appropriate to be supported in shared care or whether a full transfer back to the specialist service is needed.

All patients in shared care will have the opportunity to have an annual specialist review by their link team. If this is required, the link team can be contacted via the generic SDAS admin mailbox: dg.das-admin@nhs.scot by the practice to arrange for an annual review to take place.

A room within the practice should be provided to the link team in order to see patients who are in shared care.

The link team will complete a short file note following any interaction with the patient which will be copied to the GP.

If any further advice is required around prescribing, a member of the prescribing team can be contacted at the Specialist Drug and Alcohol Service 01387244555.

This LES covers only patients who have been initially treated and stabilised by the Specialist service. Any new individuals presenting to primary care with problematic illicit opiate drug use should be signposted to the Specialist Drug and Alcohol Service (SDAS) as quickly as possible.

Remuneration

NHS Dumfries and Galloway will pay **£450 p**er patient per annum for patients in this LES. Claims for payment should be submitted in the following way:

- Each quarter, on the 31st March, 30th June, 30th September and 31st December, practices will provide a snapshot of the number of patients in the LES on the quarterly claim form to be submitted to Practitioner Services Division, Glasgow (see appendix 3).

Appendix 1.

Shared care transfer paperwork

Patient name: .....

Patient CHI: .....

Patient address: .....

Patient telephone number: .....

I confirm that the patient has had no issues with non attendance at appointments without prior notice for the past 3 months ☐

I confirm that the patient has provided 2 Urine Drug Screens within the past 6 months which demonstrate stability on their treatment ☐

Additional comments (please report any ongoing low level illicit drug use that the patient is unlikely to stop / naloxone supply): .....

BBV status (Positive / Negative / Declined) On treatment: Y/N Date.....

If there is ongoing illicit drug use, I confirm that the patient has been referral to 3rd sector for ongoing support ☐ referral declined ☐

Patient's long term goal and plan for achieving this: .....

Other agencies the patient is currently working with (if known): .....

Areas of concern for the GP re physical / mental health : .....

Thank you for reviewing this transfer request. If you have any queries regarding this or wish to discuss further, please contact the NHS Specialist Drug and Alcohol Service on 01387244555 or via email on dg.das-admin@nhs.scot If I do not hear from you within 7 days of the date of transfer request I will proceed with the transfer.

SDAS practitioner name: .....

GP surgery: .....

Date of transfer request: .....

Appendix 2.

GP advice request

Patient name: .....

Patient CHI: .....

Patient address: .....

Patient telephone number: .....

GP surgery: .....

Date of advice request: .....

Details of advice
request: .....
.....
.....

Please complete the above template and email to dg.das-admin@nhs.scot who will pass this on to the relevant practitioner who will respond within 7 days. If your query is more urgent, please contact the NHS Specialist Drug and Alcohol Service on 01387244555.

If you receive no response within 7 days of your advice request, please contact the NHS Specialist Drug and Alcohol Service on 01387244555, who will pass your concern on to a team leader.

Appendix 3.

PRACTICE CODE	Y					

DUMFRIES & GALLOWAY NHS BOARD
NEW GMS CONTRACT – LOCAL ENHANCED SERVICES

CLAIM FORM FOR THE QUARTER ENDING

Claim Type	**Number of patients**	**PSD Use Only**
SHARED CARE DRUG SERVICES		

I certify the above information is correct and supporting evidence can and will be produced on request:	**PSD Use Only**
Practice Stamp Signed on behalf of the Practice by: Authorised Signature Date:	

Please return this claim form to NHS National Services Scotland, Practitioner Services
1st Floor, Meridian Court, 5 Cadogan Street, Glasgow, G2 6QE by the 5th working day of each quarter, to ensure prompt payment processing.

Appendix 4. - **Buvidal information taken from SPC.**

6.1 List of excipients
Soybean phosphatidylcholine

Glycerol dioleate

Ethanol anhydrous

6.2 Incompatibilities
This medicinal product must not be mixed with other medicinal products.

6.3 Shelf life
3 years

6.4 Special precautions for storage
Do not refrigerate or freeze.

6.5 Nature and contents of container
A 1 mL pre-filled syringe (glass, Type I) with plunger stopper (fluoropolymer-coated bromobutyl rubber) with needle (½-inch, 23 gauge, 12 mm) and needle shield (styrene butadiene rubber). The pre-filled syringe is assembled in a safety device for post-injection needlestick prevention. The needle shield of the safety syringe may contain rubber latex that may cause allergic reactions in latex-sensitive individuals.

Pack sizes

Pack contains 1 pre-filled syringe with stopper, needle, needle shield, safety device and 1 plunger rod.

6.6 Special precautions for disposal and other handling
Important information

• Administration should be made into the subcutaneous tissue.

• Intravascular, intramuscular and intradermal administration must be avoided.

• Must not be used if the safety syringe is broken or the packaging is damaged.

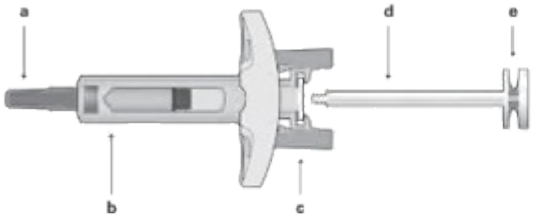
• The needle shield of the syringe may contain rubber latex that may cause allergic reactions in latex sensitive individuals.

• Handle the safety syringe carefully to avoid a needle stick. The safety syringe includes a needle protection safety device that will activate at the end of the injection. Do not uncap the safety syringe until you are ready to inject. Once uncapped, never try to recap the needle.

• Dispose of the used safety syringe right away after use. Do not re-use the safety syringe.

Before administration

Safety syringe parts:



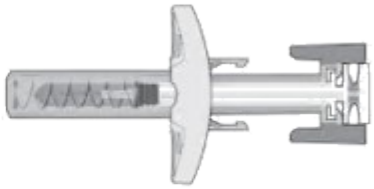


Figure 1: **Safety Syringe: Before Use**
a) Needle shield, b) Syringe Guard Body, c) Syringe Guard Wings, d) Plunger,
e) Plunger Head

Safety Syringe: After Use
(With needle protection mechanism activated)

Please note that the smallest injection volume is barely visible in the viewing window as the spring of the safety device is "covering" part of the glass cylinder close to the needle.

- Do not touch the syringe guard wings until you are ready to inject. By touching them, the syringe guard may be activated too early.

- Do not use the product if it has been dropped on a hard surface or damaged. Use a new product for the injection.

Administration (see also section 4.2)

- Take the syringe out of the cardboard box: pick up the syringe by the syringe guard body.

- While holding a firm grip on the syringe by the inspection window, insert the plunger rod into the plunger stopper by gently rotating the plunger rod clockwise until secured (see Figure 2).

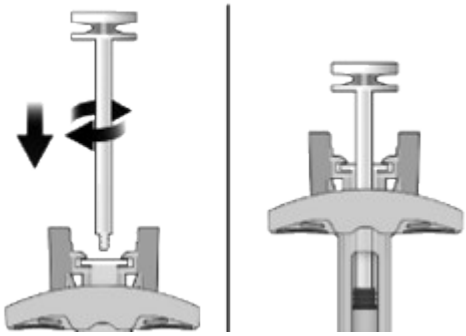


Figure 2: Before After

- Inspect the safety syringe closely:

  - Do not use the safety syringe after the expiration date shown on the cardboard box or on the syringe label.
  - A small air bubble may be seen, which is normal.
  - The liquid should be clear. Do not use the safety syringe if the liquid contains visible particles or is cloudy.

- Choose the injection site. Injections should be rotated between sites in the buttock, thigh, abdomen, or upper arm (see Figure 3) with a minimum of 8 weeks before re-injecting a previously used injection site. Injections on the waistline or within 5 cm of the navel should be avoided.

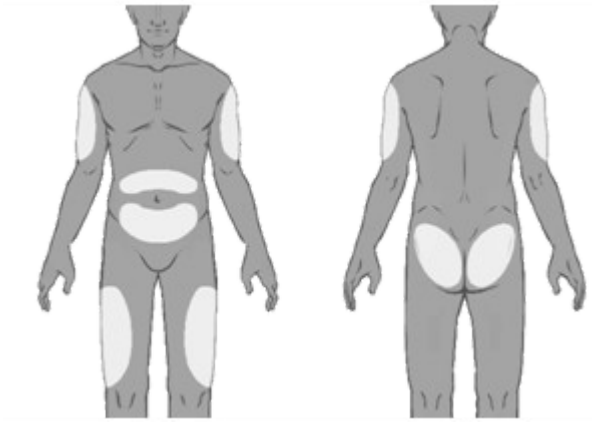


Figure 3:

- Put on gloves and clean the injection site with a circular motion using an alcohol wipe (not provided in the pack). Do not touch the cleaned area again before injecting.

- While holding the safety syringe by the syringe guard body as shown (see Figure 4), carefully pull the needle shield straight off. Immediately dispose of the needle shield (never try to recap the needle). A drop of liquid may be seen at the end of the needle. This is normal.

Figure 4:

- Pinch the skin at the injection site between the thumb and finger as shown (see Figure 5).

- Hold the safety syringe as shown and insert the needle at an angle of approximately 90° (see Figure 5). Push the needle all the way in.

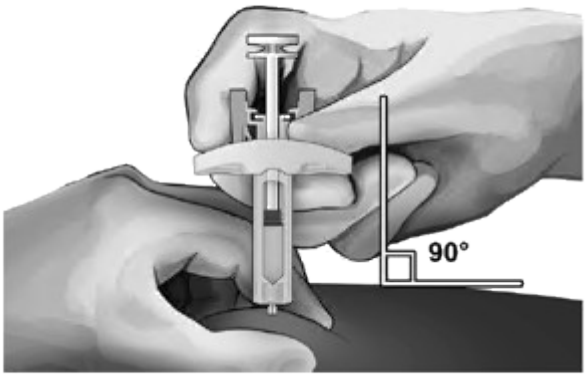


Figure 5:

- While holding the syringe as shown (see Figure 6), slowly depress the plunger until the plunger head latches between the syringe guard wings and all the solution is injected.

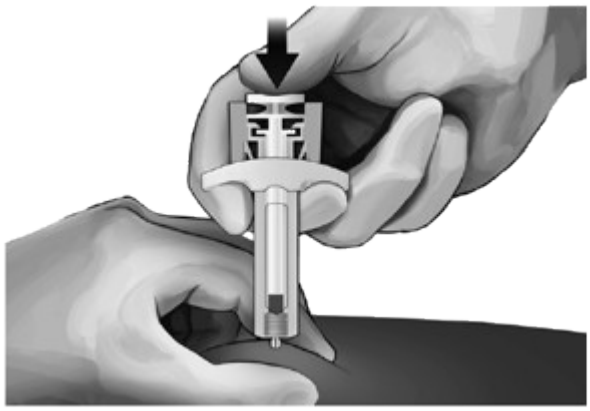


Figure 6:

- Gently pull the needle out of the skin. It is recommended that the plunger is kept fully depressed while the needle is carefully lifted straight out from the injection site (see Figure 7).

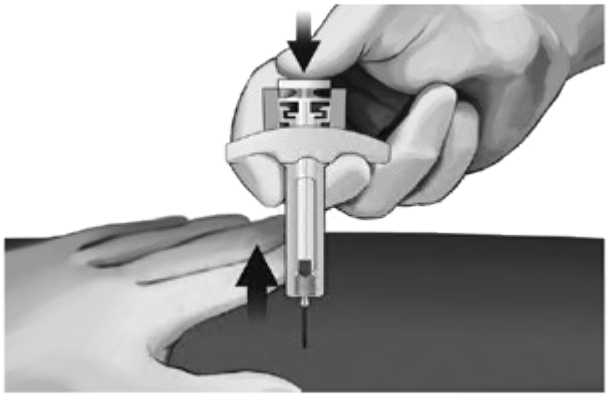


Figure 7:

- As soon as the needle has been completely removed from the skin, slowly take the thumb off the plunger and allow the syringe guard to automatically cover the exposed needle (see Figure 8). There may be a small amount of blood at the injection site, if required wipe with a cotton ball or gauze.

Figure 8:

Disposing of the syringe

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.