

**Community Pharmacy Services for Substance Misuse
Review 2009**

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Pharmacists in Substance Misuse
December 2009

Contents

	Page
1. Executive Summary & Recommendations	3
2. Introduction	5
3. Methodology	6
4. Pharmaceutical Services for Substance Misusers: Findings	6
4.1 Mapping of Existing Pharmaceutical Services and Future Capacity	6
4.2 Support and Education	9
4.3 Future Developments	12
4.4 General Comments	13
5. Limitations of This Study	15
6. Discussion	15
7. References	17
8. Appendices	18

1 Executive Summary & Recommendations

1.1 Summary

Community pharmacists continue to make a significant contribution to the care and treatment of people with substance misuse problems. Substance misuse is one of the locally negotiated pharmacy services and as part of the new contract a national framework is in development which will define specifications and tariff. Until these national directives are confirmed, Forth Valley community pharmacy substance misuse services are delivered within the context of local service specifications.

A review of Community Pharmacy Services for Substance Misuse was first undertaken in 2006 then repeated in 2007. The purpose of this 2009 report is to provide an update on capacity and workforce development which will inform the current Redesign of Substance Misuse Services in Forth Valley. The 2006 review identified a significant capacity for dispensing and supervised consumption of substitute opiates. The results from 2007 indicated continuing expansion and further capacity has been identified in 2009.

Community pharmacies within Forth Valley have therefore adequate capability for the current demand and significant potential to accommodate the proposed extension of treatment services. The survey indicated 80% of pharmacies are engaged in the provision of services for substance misuse.

Some improvement in communication between prescribing services and community pharmacy has been reported but systems still need to become more effective and efficient to impact on the quality of patient care. Support for the pharmacy needle exchange programme is improving and inequity of access to pharmacy needle exchange is currently being addressed. There is also encouraging interest among pharmacists to provide a range of enhanced services for patients with a substance misuse problem.

1.2 Key Recommendations

1.2.1 Recommendations to Forth Valley Alcohol & Drug Partnership & NHS Board

- Continue to support the Community Pharmacy Premises Development Programme.
- Maintain the role of the Specialist Pharmacist in Substance Misuse to ensure the strategic development, support and monitoring of Community Pharmacy Services to promote quality pharmaceutical care in accordance with national and local priorities.
- Support the integration of community pharmacy via the community model as part of the Treatment Strategy.

1.2.2 Recommendations to the Specialist Pharmacist in Substance Misuse

- Continue to promote the development of community pharmacy services for substance misuse in line with national and local drug and alcohol strategies.

- Monitor the implementation of new data collection and equipment systems for needle exchange, to promote a co-ordinated approach to the provision of consistent and accurate advice, equipment and harm reduction information across Forth Valley.
- Continue to develop and co-ordinate education and training materials for pharmacy staff, other healthcare professionals and voluntary agency staff.
- Co-ordinate regular review of pharmacy services for substance misuse including the assessment of user experience to continue to develop a more client-centred approach.
- Promote the integration of community pharmacy via the community model as part of the Treatment Strategy

1.2.3 Recommendations to the Area Pharmacy Contractor Committee

- Assist with the development of and support the implementation and review of education and information resources to improve communication with integrated care partners.
- Support the development of enhanced substance misuse services to ensure equity of access and quality of service.
- Support the integration of community pharmacy via the community model as part of the Treatment Strategy

1.2.4 Recommendations to Community Pharmacists

- Ensure that all pharmaceutical care to substance misusers is provided in accordance with the national framework for locally negotiated services, local service specifications and the National Quality Standards to improve quality of care.
- Ensure all staff have the appropriate knowledge and skills, to provide quality services to clients with a substance misuse problem; this should include an understanding of the nature of addiction to encourage empathy towards this client group. Promote attendance at local and national training events in substance misuse and consider the opportunities for supplementary prescribing.
- Increase awareness of and develop close working partnerships with other agencies involved in the delivery of substance misuse services to improve integrated care. Consider the use of a pharmaceutical care plan to assist with information sharing with other agencies.

1.2.5 Recommendations to Prescribing Partnership Agencies

- Continue to develop and implement communication systems to improve integrated working with Community Pharmacists
- Develop standard operating procedures to promote the standardisation of integrated care and information sharing with Community Pharmacists. Reinforce the inclusion of pharmacy communication as part of the review process.
- Participate in the delivery of local training initiatives for pharmacy staff including the development of multidisciplinary training to promote effective collaborative working.
- Support the integration of community pharmacy via the community model as part of the Treatment Strategy.

2. Introduction

It is well recognised that the community pharmacist plays an important role in the care and treatment of substance misusers (NPC & SMSAC 2005). Pharmacists see methadone clients more often than any other member of the integrated care team, and for many this will be face-to-face contact on a daily basis. The most well known areas of activity are dispensing and supervised consumption of substitute prescriptions, and needle exchange schemes, but there are opportunities for greater involvement in health promotion and harm reduction.

Methadone is the most widely prescribed substitute opiate for maintenance therapy and buprenorphine is utilised for maintenance and detoxification. Over the past three years there has been an increasing number of clients engaged with the treatment services: Community Alcohol & Drug Service (CADS), Forth Valley Criminal Justice Drug Treatment Service (FVCJDTS), the GP Prescribing Service (GPPS) and Forth Valley Detoxification service (FV-TOX).

The Forth Valley Alcohol & Drug Partnership (FVADP) was launched in September 2009 and has endorsed the implementation of the Treatment Strategy for Forth Valley Substance Misuse Prescribing Services. This will lead to a further increase in the number of people in treatment which will impact on pharmacy services. However this is in line with national strategy and the emerging HEAT target A11, which aims to improve access to treatment and facilitate recovery for those motivated to change. The current and future capacity for dispensing of substitute opiate prescriptions is a key component of care and accurate up-to-date information is required to inform this plan.

It was therefore important to build on the information gathered in previous years to determine the effect of changing practice on the capacity of community pharmacy and inform future planning.

This report seeks to:

- Map the existing provision of pharmaceutical care for substance misusers: opiate substitution dispensing and supervision and needle exchange
- Identify gaps in service provision within Forth Valley
- Determine the capacity of community pharmacy services for substance misuse
- Review the support for and training needs of community pharmacy

Other projects involving community pharmacy including the Alcohol Brief Intervention pilot and the Dental Health initiative are out with the scope of this report but will be included in future reports.

3. Methodology

3.1 Pharmacy Questionnaire

All 70 community pharmacies currently operating in NHS Forth Valley in March 2009 were identified from the NHS Forth Valley General Pharmaceutical List.

The questionnaire developed for the 2007 review was amended (appendix 1) to gain information on community pharmacy services for substance misusers. Topics included demographics, current service provision to substance misusers and anticipated capacity to inform future planning. Questionnaires were sent by post to all community pharmacies in April 2009 with the option of posting or faxing the response. All non-responders were followed up by telephone between June and August 2009.

The questionnaire responses were entered into an access database and analysed by query and report methods.

3.2 Pharmacy Needle Exchange database

Additional information was gained from the Pharmacy Needle Exchange access database and analysed by query and report methods.

4. Pharmaceutical Services for Substance Misusers: Findings

Completed questionnaires were received from all 70 community pharmacies active on the NHS Forth Valley Pharmaceutical list at 1st August 2009, giving a 100% response rate.

4.1 Mapping of Existing Pharmaceutical Services

4.1.1 Provision of Methadone Dispensing Services

At time of the survey, there were 56 community pharmacies engaged in the provision of pharmaceutical care to substance misusers. This constitutes 80% of the total community pharmacies (n=70) in Forth Valley. There appears to be a reasonable spread of service provision across the geographical area, with the exception of rural West Stirlingshire.

The total number of clients reported to be receiving methadone from their community pharmacy was 694, representing an increase of 55 from 2007 and 125 since that reported in 2006. Of these prescriptions, 468 (67%) were supervised and 226 (33%) unsupervised. This indicates an increase in the rate of supervised consumption of methadone from 62% in 2007 and 51% in 2006.

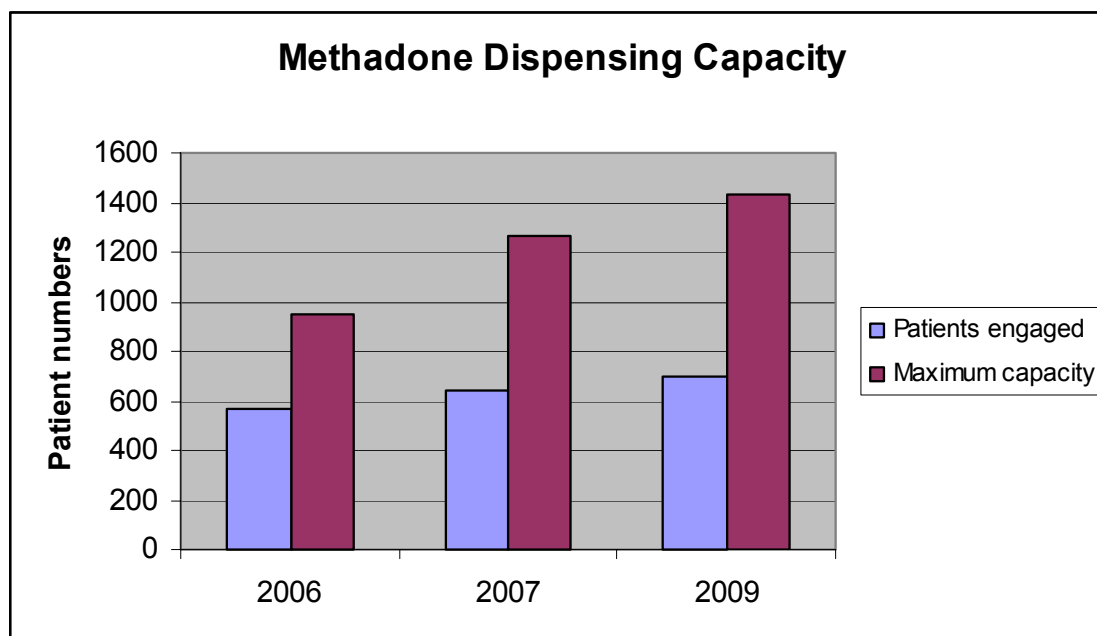
Of the 56 community pharmacies engaged in service provision, 8 (14%, n=56) reported being at full capacity for methadone prescriptions, two more than reported previously. The remaining 48 (86%, n=56) of pharmacies reported a range of free capacity from 1 to 88 spaces. A total of **735 available methadone** places were identified. The capacity of dispensing places at community pharmacies relative to previous surveys is outlined in table 1 and figure 1.

Table 1: Methadone dispensing and supervision

Methadone Dispensing & supervision	Supervised 2009 (2007;2006)	Unsupervised 2009 (2007;2006)	Total patients 2009 (2007;2006)
Maximum total capacity	857 (731;548)	572 (538;405)	1429 (1269;953)
Current number clients	468 (397;290)	226 (242;279)	694 (639;569)
Vacant capacity	389 (334;258)	346 (296;126)	735 (630;384)

(Figures in brackets are those reported in 2007 & 2006 respectively)

Figure 1: Methadone dispensing capacity



4.1.2 Provision of Buprenorphine Dispensing Services

The survey provided a snapshot of those pharmacies engaged in the dispensing and supervision of buprenorphine. Four pharmacies were supervising buprenorphine as part of the detoxification programme for 5 patients. Seventeen pharmacies were engaged with 21 patients on the buprenorphine maintenance stage of their programme.

A total of **118 supervised buprenorphine dispensing places for the detoxification programme** were identified with the majority of pharmacies agreeing to one or two clients at any one time. A further **135 places were recorded for buprenorphine maintenance**. This is summarised in table 2.

Table 2

Buprenorphine Dispensing/supervision	Detoxification 2009 (2007)	Maintenance 2009 (2007)	Total patients 2009 (2007)
Maximum total capacity	123 (121)	135 (115)	258 (236)
Number clients during study	5 (6)	21 (5)	26 (11)
Available capacity	118 (115)	114 (110)	232 (225)

Potential participation in programmes requiring supervised consumption of buprenorphine was confirmed by 42 pharmacies. The range of available spaces ranged from 1 to 10 per pharmacy.

4.1.3 Comments on capacity

Comments relating to capacity for dispensing and supervision of substitute opiates are detailed below:

- *Always willing to take on more.*
- *At max capacity for methadone dispensing*
- *Capacity to provide methadone for 5 in future.*
- *Do not have max methadone dispensing or buprenorphine capacity. Would like more. Spaces unlimited. Patients are all explained the (sop) procedure, times etc and are given the opportunity to ask questions. I have never had a problem doing this.*
- *Happy to take as many referrals as possible*
- *Have available buprenorphine places.*
- *Not trained in supervision of buprenorphine*
- *I would consider buprenorphine detoxification and maintenance for the new patients depending on work load at the time. I would definitely do it for current patients.*
- *No limits decided.*
- *Would be able to take on few more buprenorphine clients but this is much more time consuming than supervised methadone so would be limited by this.*
- *Would like to have written agreements*
- *Capacity for methadone dispensing, however little take up.*
- *Have created own treatment agreement which will start using if demand for service increases*

4.1.4 Needle Exchange

Fourteen pharmacies (20%, n=70) currently provide a needle exchange service. At the end of March 2008 three outlets were closed in Clackmannanshire and Stirling CHP areas due to limited activity. Three new outlets were commissioned in the Falkirk area from October 2008, where a need had been identified.

Locations and prevalence of injectors are detailed in appendix 2. Table 3 details the activity from Pharmacy Needle Exchange outlets across Forth Valley. Further information on the service is detailed in the *Injecting Equipment Provision in Forth Valley 2009* report.

Table 3: Pharmacy Needle Exchange activity

<i>April 2008- March 2009</i>	Clackmannanshire	Falkirk (3 new NEX from Oct'08)	Stirling	Forth Valley
Number of Pharmacies providing NEX	4	4	6	14
Pharmacy NEX Transactions/year ¹	3,471	790	2,705	6,966
Sets of needles distributed by Pharmacy/year ¹	41,721	9,822	34,764	86,037

4.2 Support and Education

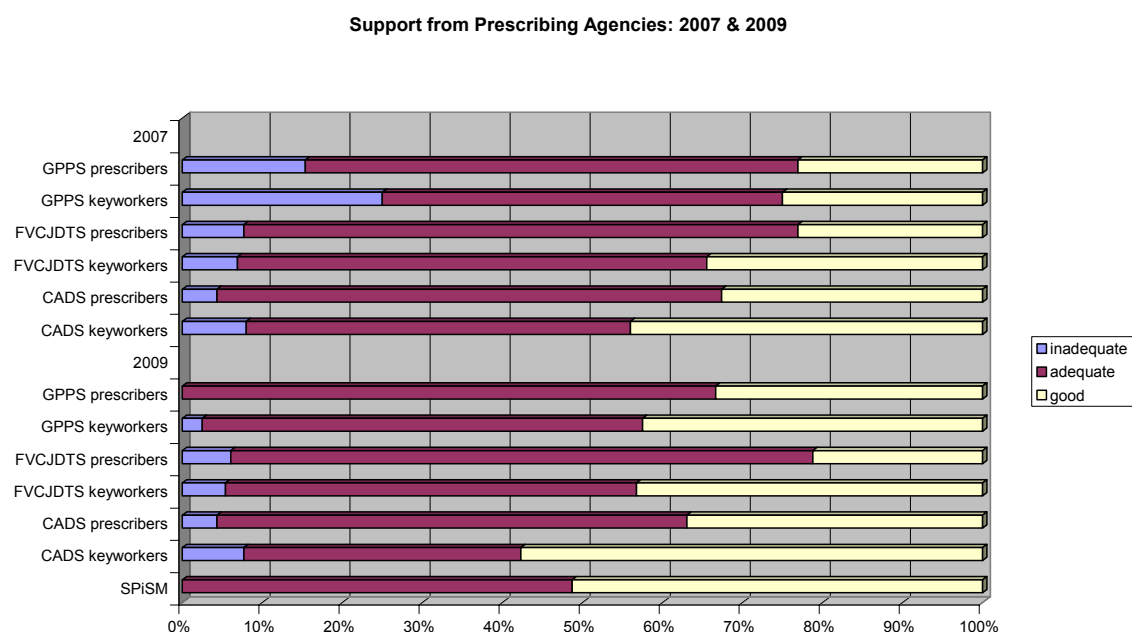
4.2.1 Relationship with Prescribing Agencies

Pharmacies were asked to rate their relationship with and/or support given by the prescribing agencies. Results for three substitute prescribing agencies are outlined in figure 2. The set of responses at the top of the graph relate to 2007 and the second set of responses relate to 2009. These are reported as a percentage of the total responses for each category.

NB. Prescribing agencies are abbreviated as follows:

- Community Alcohol & Drug Service (CADS)
- Forth Valley Criminal Justice Drug Treatment Service (FVCJDTS)
- GP Prescribing Service (GPPS) includes Signpost and GPs.

Figure 2



¹ Data from FV Pharmacy needle exchange database for 2008/9

Comments regarding relationships and support from prescribing agencies are collated in table 4.

Table 4

Challenges
<i>Would prefer not to be messenger service for CADS clients, this happens regularly.</i>
<i>Very difficult to get in touch with some CADS key workers. Leave voicemail messages and don't get back to you. Would also be useful to know who takes over key workers caseloads when they are on holiday as some problems cannot wait until they return.</i>
<i>The communication between CADS and ourselves is still shocking.</i>
<i>Some CAD workers are better than others and the same with the GPPS key workers but I am never clear which service is which.</i>
<i>Need better communication with key workers who are overstretched and lacking in time to do complete role.</i>
Positive comments
<i>Not a great deal of involvement with many of the above, but relationship is always fine.</i>

4.2.2 Support for Pharmacy Needle Exchange Service

Figure 3

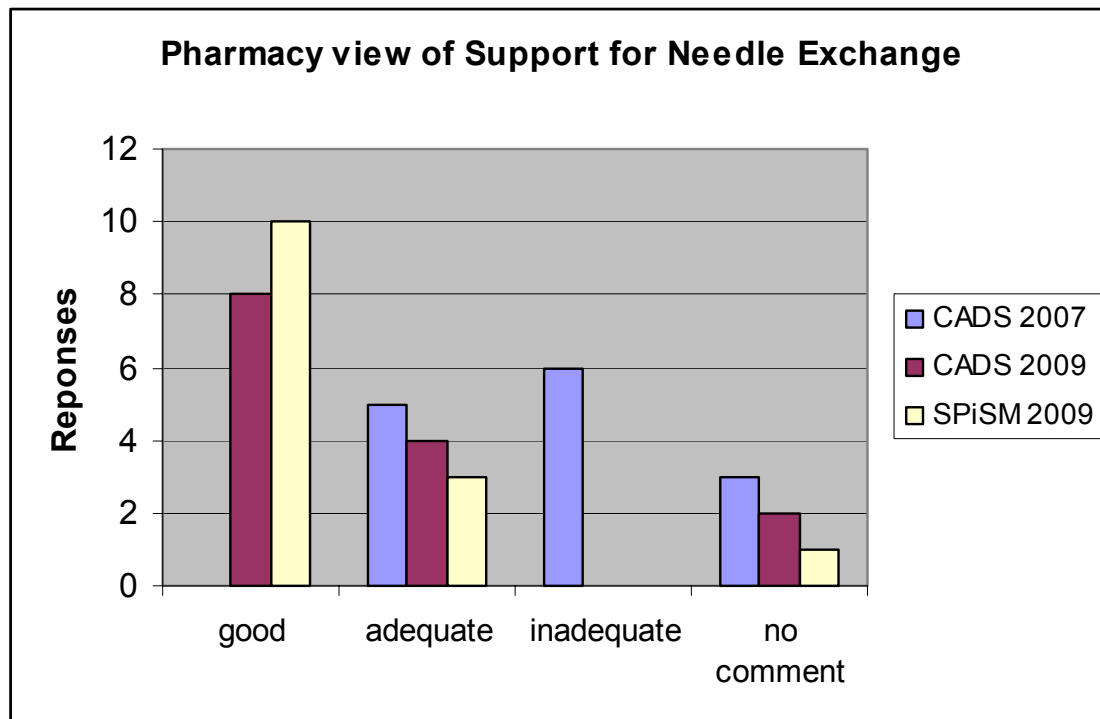
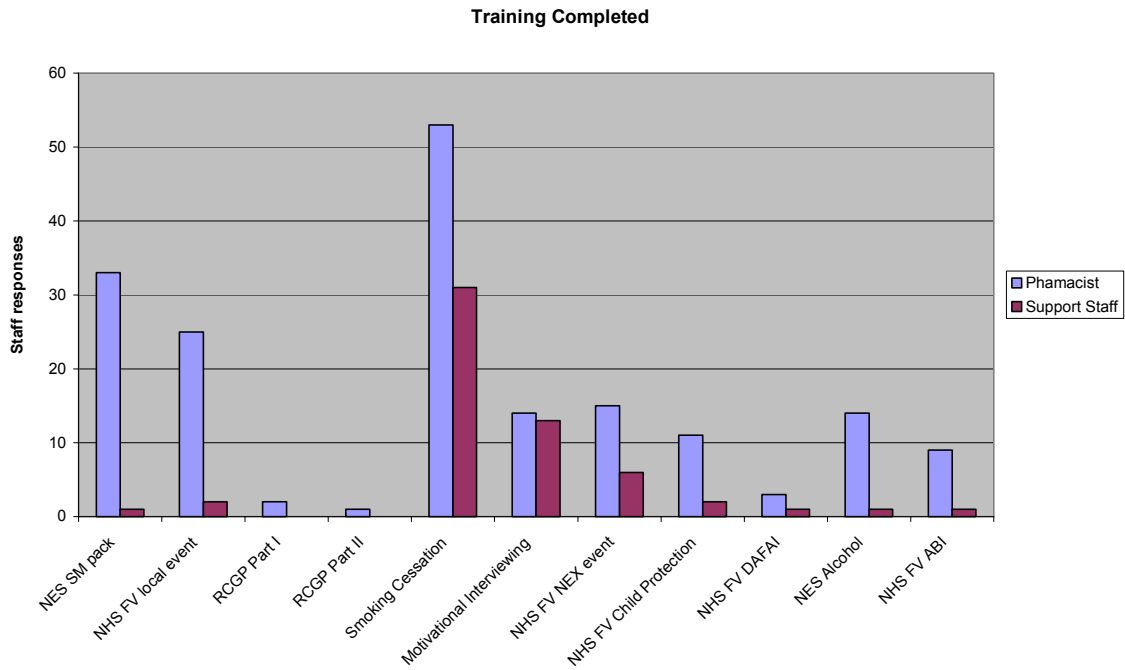


Table 5

Comments
<i>Inflexible once monthly delivery.</i>
<i>2 members of staff require hepatitis B vaccination</i>

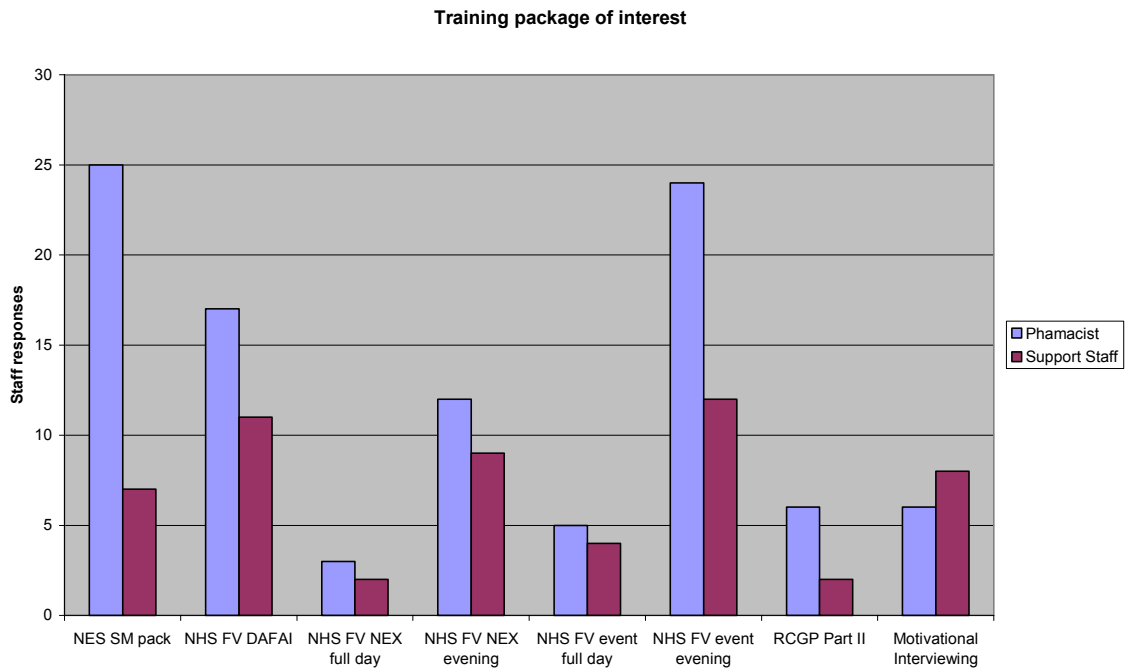
4.2.3 Training undertaken by pharmacists and support staff

Figure 4



4.2.4 Training packages of interest

Figure 5



4.2.5 Training topics of interest

Figure 6

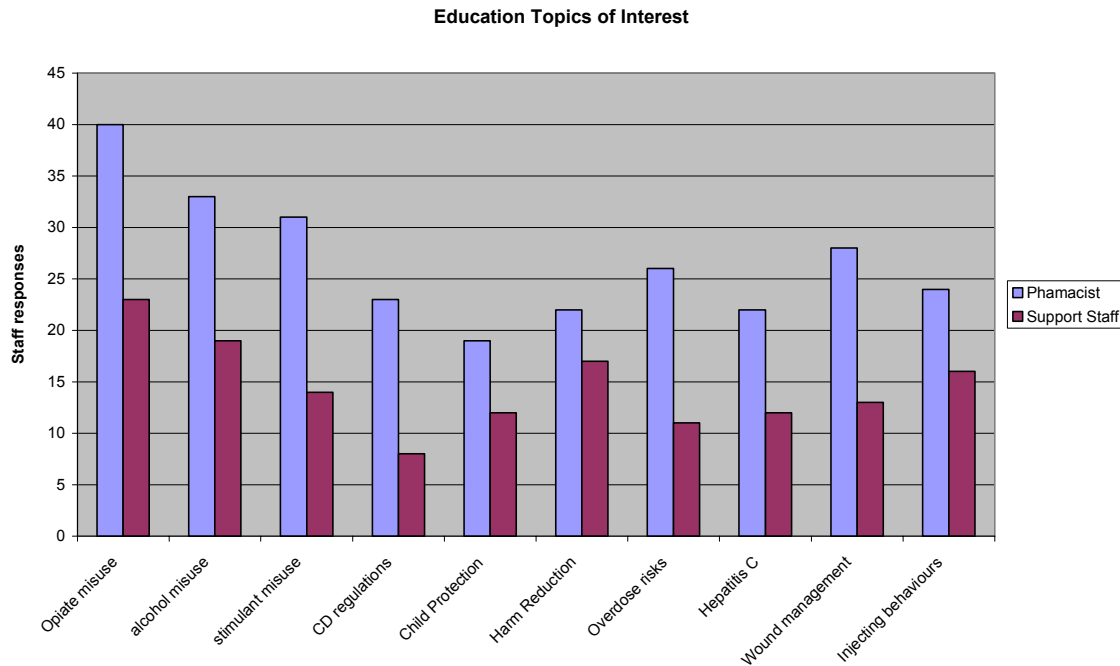


Table 6

Comments
<i>Wound management would be useful as we have experienced a few</i>
<i>Would be useful to have an evening for support staff as well</i>
<i>Overdose and hepatitis C required</i>
<i>Already attended a course by FV this year</i>
<i>General substance misuse: signs of withdrawal, intoxication and what to do</i>

4.3 Future Developments

4.3.1 Barriers to service provision for those not currently providing service

Table 7

Development	Number of Pharmacies	
Client group	4	
Lack of knowledge/skills	1	
Lack of private area	3	
Equipment e.g. methadone pump	2	
Other	4	

4.3.2 Planned Community Pharmacy Developments

There were planned developments reported by 9 (13%, n=70) pharmacies, which could facilitate starting or increasing their service capacity, as detailed in table 8.

Table 8

Development	Number of Pharmacies	Timescale
Private Advice area	2	October 2009
Consultation room	9	July-November 2009
Dispensing pump	1	
CD storage facilities	4	

Several pharmacies recorded having all the necessary facilities and most had no developments planned.

4.3.3 Enhanced services

Table 9

Interest in providing an enhanced service:	Positive Responses
Alcohol Brief Interventions	33
Supervised package of care for disulfiram	40
Supervised package of care for dual diagnosis patients on methadone + psychotropics	37
Oral fluid testing for illicit substances	20
Needle exchange service	9 (additional to current contractors)
Specialist Needle Exchange service including harm reduction advice and support	16 (7 of current contractors)
Hepatitis C testing	17
Consultation space for Hepatitis B vaccination	17
Other	7

4.4 General Comments

Comments from the final section of the Community Pharmacy Questionnaire are detailed below:

Table 10

<i>Pharmacy may move within the store. A hatch between the dispensary and the consulting room has been recommended by the pharmacist.</i>
<i>We are able to provide our present range of services within our staffing levels. Any new services would require to be at a level that wasn't going to markedly impact of our workload.</i>
<i>I have previously supplied a methadone service to clients, but complaints/comments from patients forced me to withdraw from service provision when clients moved away.</i>
<i>A Previously we did not provide services to substance misusers but we are more than willing to provide as many services as possible.</i>
<i>Most of these services are ably provided by our other pharmacy in the village. So despite our lack of service provision the locality need is catered for.</i>
<i>At present my pharmacy is located adjacent to the health centre. The health centre is re-locating</i>

<i>in the very near future which will probably mean our prescription numbers reduce. If this happens it will leave more scope for us to provide additional services as those mentioned in 3.3.</i>
<i>A number (3) of our regular methadone clients report/complain of the lack of continuity of care from their key workers at CADS - the sole reason they say is a high turnover of staff. In fairness to our clients we have treated them for long periods of time. As a pharmacist I also feel that we no longer know the people (key workers and doctors) involved at CADS.</i>
<i>Could we have more information about what is involved with the provision of services discussed in Q3.3. What training would be required and if funding available.</i>
<i>In the past I've mentioned the possibility of giving pharmacies breathalysers for testing methadone patients who seem intoxicated. Having a clear guideline eg blood/alcohol > x mg lmg = no dispensing would make it much easier to refuse dispensing to drunk patients.</i>
<i>Patients I have are all well behaved and polite. Unfortunately we are aware that there is a drug abuse problem....</i>
<i>Believe support staff involvement in training is very important. Local full day course would be useful, perhaps one day for support staff.</i>
<i>Guidelines for police picking up methadone r/s. Always say dispense only to patients so legally we are breaking the law by giving to police. If there was a written protocol this would help matters.</i>
<i>Key workers generally not interested when I phone to tell that clients have not collected or if I think are under pressure.</i>
<i>I enjoy my work with substance misusers and I am very interested in helping to provide services for them.</i>
<i>I have been interested in going along to the training events for methadone use, however the spaces are limited and I feel they should be prioritised to pharmacists and staff with higher numbers of methadone patients. I would like to go on one of these training events.</i>

5. Limitations of this study

Data presented from questionnaires is a summary of information reported during a five month period but such data is likely to be a dynamic entity and will therefore only act as a rough guide for planning purposes. It should be noted that the number of patients prescribed substitute medication is constantly changing.

Comments reported are from the pharmacist's perspective and this report does not address the quality of the pharmacy service. Future consultation with the prescribing services and service users would help to provide a more balanced view of the quality of pharmacy service.

6. Discussion

There continues to be adequate provision for methadone dispensing services comprising a reasonable geographical spread across Forth Valley, with perhaps the exception of the rural area to the west of Stirling. A large proportion of pharmacies (80%) are currently engaged in methadone dispensing and supervision, similar to previous reports and this compares favourably with the national average reported in research (Matheson et al 2006). The total number of pharmacy places for methadone dispensing was reported as 1306, an increase of 353 places from that reported in the 2006 survey. The increasing service demand requires continued monitoring of client data from all the prescribing services in co-ordination with community pharmacy developments.

Implementation of the buprenorphine as a treatment option has continued to increase. Two thirds of pharmacies indicated capacity for buprenorphine with 123 detoxification places and 135 maintenance places identified. This confirms abundant dispensing capability to support both detoxification and maintenance programmes.

The two main barriers to providing pharmaceutical care to substance misusers identified locally were 'patient group' and 'lack of appropriate private area'. Those highlighting premises as an issue are receiving assistance via the Community Pharmacy Development Programme. Training and support for pharmacists is a key component of the Specialist Pharmacist role with issues relating to attitude and communication being addressed within the local training programme. However in general patients are readily accommodated by the community pharmacy of their choice, usually in close proximity to their home.

The majority of pharmacies reported that the support provided for the needle exchange was good, a dramatic improvement from the 2007 report. Training events arranged during the summer of 2008 and a change in CADS administration of the project are likely to have contributed to this. The co-ordination of pharmacy needle exchange was assumed by the Hepatitis C Co-ordinator during 2009 and it is hoped that the time allocated to this project will further improve efficiency and effectiveness.

Support from all of the prescribing agencies continues to be an important factor in ensuring the success of future developments. Integration of community pharmacy with these services is also critical to the improvement of quality care for clients with substance misuse problems. All services are considering the implications of the National Quality Standards for substance misuse services (Scottish Executive 2006) and pharmacy must continually review their progress with respect to these national standards as well as local specifications.

Most pharmacists reported that support from the prescribing services was at least adequate and many indicated good relationships. For all services the proportion of responses indicating 'good' support increased from the 2007 survey. However difficulties remain and further improvement in communication systems continues to be a priority. Pharmacists have previously expressed a need for more active involvement in patient care and services continue to implement improved review processes which involve feedback from pharmacists.

Pharmacists are also keen to develop services, demonstrated by a high interest in enhanced service provision and further training. Most pharmacists in NHS Forth Valley have engaged in local or national training, but it would appear that not all have completed the NES Substance Misuse Pharmacy package. It should be noted that the new pharmacy service specification for the delivery of methadone dispensing and supervision service advocates completion of the NES pack. Workforce development is a key component of the national strategy for substance misuse services and will be considered locally as part of the redesign process. The information from this report regarding community pharmacy staff will inform local workforce development plans.

7. References

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A survey of community pharmacists' training needs in the management of opioid dependent clients in Grampian, Scotland.

Pharmaceutical Journal 2006, vol 276: 601-603

Logan JB, Specialist Pharmacist in Substance Misuse, Forth Valley (2006)

A review of community pharmacy services for substance misuse in Forth Valley, October 2006

National Pharmaceutical Forum and Scottish Medical & Scientific Advisory Committee (2005), *Prevention and Treatment of Substance Misuse*

National Treatment Agency (2006)

Best Practice Guidance for commissioners and providers of pharmaceutical services for drug users.

Scottish Executive & Substance Misuse Research (2006)

Needle Exchange Provision in Scotland: A Report of the National Needle Exchange Survey

Scottish Executive (2006)

National Quality Standards for Substance Misuse Services, September 2006

8. Appendices

Appendix 1

The aim of this survey is to determine the current capacity for the provision of community pharmacy services for substance misuse, to facilitate planning of treatment services.

Pharmacist:

Pharmacy Stamp:

Pharmacy (✓): single outlet small multiple (2-9 outlets) large multiple

Do you currently provide services for substance misuse? Yes No

(If no, please complete Questions 2.3 & 2.4, then Sections 3 & 5)

1. Current Service Provision for Substance Misuse

What services do you currently provide?

1.1 Dispensing & Supervision	Number of Clients		
	Supervised	Unsupervised	Total
1.1.1 Methadone dispensing at present			
1.1.2 Maximum capacity for methadone			
1.1.3 Available methadone places			
	Detox	Maintenance	Total
1.1.4 Buprenorphine supervised dispensing at present			
1.1.5 Maximum capacity for buprenorphine			
1.1.6 Available buprenorphine places			
1.1.7 Do you have written treatment agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/> Some patients <input type="checkbox"/>		
Comments			
1.2 Needle Exchange Service			
1.2.1 Do you provide needle exchange service?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
1.2.3 Estimated number of clients per month			
Comments			

2. Support for Service Provision

2.1 How do you rate the relationship with and/or support given by the various agencies?

Dispensing Service	Inadequate (✓)	Adequate (✓)	Good (✓)
Community Alcohol & Drug Service (CADS) keyworkers			
CADS prescribers			
FV Criminal Justice Drug Treatment Service (FVCJDTS) keyworkers			
FVCJDTS prescribers			
GP Prescribing Service keyworkers			
GP Prescribing Service GPs			
Specialist Pharmacist in Substance Misuse			
Needle Exchange	Inadequate (✓)	Adequate (✓)	Good (✓)
CADS			
Specialist Pharmacist in Substance Misuse			
Comments			

2.2 What training have you or your support staff undertaken?

Provider	Training	Pharmacist ✓	Support Staff ✓	Useful? ✓
NES	Pharmaceutical care of the drug misuser			
NHS FV	Local evening event September 2008			
RCGP	RCGP Substance misuse Part I			
RCGP	RCGP Substance misuse Part II			
NES	Smoking Cessation			
NHS FV	Motivational interviewing			
NHS FV	Needle exchange training evening event			
NHS FV	Child Protection training half day			
NHS FV	Drug Awareness First Aid (DAFAI)			
NES	Alcohol evening event			
NHS FV	Alcohol Brief Intervention half day			
Other				

2.3 What training would you be interested in completing during 2009/10?

Provider	Training Package	Type	Pharmacist (✓)	Support staff
NES	Pharmaceutical care of the drug misuser	Distance		
NHS FV	DAFAI (Drug Awareness First Aid)	Full Day		
NHS FV	Local event for needle exchange	Full Day		
NHS FV	Local event for needle exchange	Evening		
NHS FV	Local event	Full Day		
NHS FV	Local event	Evening		
RCGP	RCGP SMU Part 2	Distance + Study days		
NHS FV	Motivational interviewing skills	Half day		
Other:				
Comments				

2.4 What topics would you like included in a local event for 2009/10?

Provider	Training Topics	Pharmacist (✓)	Support staff
NHS FV	Opiate misuse		
	Alcohol misuse		
	Stimulant misuse		
	CD regulations		
	Child Protection		
	Harm Reduction		
	Overdose risks		
	Hepatitis C		
	Wound management		
Injecting behaviours			
Other:			
Comments			

3. Future Service Provision

3.1 What are the barriers to providing substance misuse services at present?

(omit this question if you currently provide services)

Barriers to service provision	✓	comment
Client group		
Lack of knowledge/skills in dealing with clients		
Lack of support		
Lack of communication with integrated team		
Financial Incentive		
Lack of private area		
Equipment (e.g. pump)		
Other		
Would you be willing to provide a service in future?		
Comment		

3.2 Are there any planned developments which may facilitate starting or increasing your capacity to provide services?

Development	✓if applicable	Timescale for completion
Private advice area		
Consultation room		
Dispensing pump		
CD Storage facilities		
Other: please specify		
Comments		

3.3 Would you be interested in providing other or enhanced services for clients?

Enhanced service	Yes /No	Comment
Alcohol Brief Interventions		
Supervised package of care for disulfiram		
Supervised package of care for dual diagnosis patients on methadone + psychotropics		
Oral fluid testing for illicit substances		
Needle exchange service		
Specialist Needle Exchange service including harm reduction advice and support		
Hepatitis C testing		
Consultation space for Hepatitis B vaccination		
Other		
Comments		

4. Methadone Dispensing: products supplied?

Product dispensed	Yes	No
Methadone oral solution 1mg/ml	<input type="checkbox"/>	<input type="checkbox"/>
Methadone oral solution 1mg/ml SF	<input type="checkbox"/>	<input type="checkbox"/>
Methadone oral concentrate 10mg/ml	<input type="checkbox"/>	<input type="checkbox"/>
Methadone oral concentrate 20mg/ml	<input type="checkbox"/>	<input type="checkbox"/>
Methadone powder + diluent	<input type="checkbox"/>	<input type="checkbox"/>
If using powder + diluent do you have a SOP?	<input type="checkbox"/>	<input type="checkbox"/>

5. General Comments

Comments

If you have any questions please contact Jean B. Logan, Specialist Pharmacist in Substance Misuse or Valerie Kippen, Clinical Pharmacist in Substance Misuse on 01786 434762

Date of completion of questionnaire:

Please return to: Valerie Kippen, SAT, 9 Gladstone Place, Stirling, FK8 2AH or fax to 01786 434798 or email to valerie.kippen@nhs.net by **10th April 2009**

Thank you for taking the time to complete this questionnaire.

