

Public Health Service Primary Care

Shared Care Scheme (primary care prescribing services for drug misuse problems) Specification

NOTES

This service specification has been amended to reflect the changes in the Devon substance misuse treatment system (RISE). The principle changes are:

1. The importance of psycho-social interventions underpinning opioid substitute prescribing in line with the recommendations in the Medications in recovery: Re-orientating drug dependence treatment (NTA 2012 – John Strang)
2. Emphasis on collaborative and joint working between the GP and the Devon substance misuse treatment system (RISE):
 - a. A revised Shared Care Prescribed Treatment agreement
 - b. Quarterly audit/return to Public Health
3. Patient Safety and Incident Reporting (Appendix 3) requirements

SERVICE SPECIFICATION

Service	Shared Care Scheme (primary care prescribing services for drug misuse problems)
Authority Lead	Kristian Tomblin, Drug & Alcohol Action Team Manager
Period	1 st April 2016 – 31 st March 2018 (with the option to extend by two separate 12 month periods)
Date of Review	March 2017

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1. POPULATION NEEDS

1.1 National/local context and evidence base

1.1.1 Investment in drug treatment since 2001 has given more people access to long-term, high-quality treatment which has substantially improved their health. Heroin users are the largest single group in treatment and use an especially tenacious, habit-forming drug in the most dangerous ways.¹ Much of the focus for treatment in the past few years has been predominantly on providing substitute medication for this group of drug users in order to minimise harms to the individual, their family and the community. The 2010 Drug Strategy shifted the attention to a more holistic and ambitious view of treatment in recognition that such substitute medication is not in itself sufficient to support an individual to 'recover' and break free of dependence. The phrase "recovery" is defined by Professor Strang as "a broader and more complex (treatment) journey that incorporates overcoming dependence, reducing risk-taking behaviour and offending, improving health, functioning as a productive member of society and becoming personally fulfilled". These recovery outcomes are often mutually reinforcing.²

1.1.2 Shared Care is the close collaboration of specialist substance misuse service and GPs (and other agencies as appropriate) in the planned delivery of care for individuals where their use of substances is having a negative impact on their wellbeing. A GP working within the Shared Care Scheme in Devon is required to have the RCGP Certificate in the Management of Drug Misuse – Part 1 (see **Section 11** for training requirements)

2. KEY SERVICE OUTCOMES

2.1 Substance Misuse Key Outcomes Framework Indicator

2.1.1 The key public health outcome, Shared Care GPs, will contribute by delivering the service specification:

- successful completion of drug [and alcohol] treatment (PHOF2.15)
- successful completion of Prison Discharge (PHOF2.16)

2.2 Key Service Outcomes

2.2.1 The Drug UK Government Drug Strategy 2010 introduced the concept of recovery from drugs and alcohol dependency into policy with clear practice outcomes, namely:

- improved relationships with family members, partners and friends
- freedom from dependence on drugs or alcohol
- prevention of drug-related deaths and blood borne viruses
- a reduction in crime and re-offending
- sustained employment

¹ NTA (2012) Medications in recovery: Re-orientating drug dependence treatment Executive Summary. <http://www.nta.nhs.uk/uploads/medications-in-recovery-main-report3.pdf>

² Ibid

- the ability to access and sustain suitable accommodation
- improvement in mental and physical health and wellbeing
- the capacity to be a caring and effective parent

2.2.2 References:

Medications in recovery: Re-orientating drug dependence treatment (NTA 2012)
 Drug misuse and dependence – UK guidelines on clinical management (DH 2007-Orange Book)
 UK Government Drug Strategy 2010
 Devon Substance Misuse Strategy 2014-2017
 See the Activity and Performance Schedule at **Appendix 1** and Quarterly Return at **Appendix 2**

3. SCOPE

3.1 Aims and objectives of service

3.1.1 Substance misuse frequently compounds other healthcare needs. General Practice is seen as a key opportunity for reintegrating individuals back into their communities and enabling them to have parity of access to relevant healthcare provision e.g. BBV, sexual health and harm reduction.

3.1.2 The main services to be provided involve the prescribing of substitute (opiate and non-opiate) drugs or antagonists, as an integral part of a person's recovery plan and making arrangements for cover when absent. This will be in collaboration with RISE and consistent with RISE policy and practice (see **section 12.2** for applicable local standards).

3.1.2 All individuals treated within primary care under shared care arrangements will be recovery coordinated by a member of the specialist treatment provider, RISE. Prescribing interventions will form part of a coordinated package of psychosocial interventions, designed to meet the holistic recovery needs of the person.

3.1.3 Work with RISE in partnership to support individuals towards successful recovery outcomes.

3.2 Service description/pathway

Referral route:

3.2.1 Provision of substitute prescribing is an integral part of a holistic recovery plan and will not take place until after assessment and planning has been undertaken by RISE.

3.2.2 Following the identification of a person who may be appropriate for shared care, there will be a three way discussion between the individual, their GP, and specialist provider (RISE) to design and agree a recovery plan. **See Appendix 4 The Shared Care Prescribed Treatment Agreement.**

The initiation of this process can be led by either the GP or the specialist treatment provider (RISE).

3.2.3 New presentations to the GP from out of area, transfers from elsewhere in Devon or from prison must be notified to RISE for allocation to a recovery worker.

Responsibilities of the primary care prescriber:

3.2.4 The primary care prescribing services will provide evidence-based prescribing interventions to individuals and will operate within agreed prescribing protocol and treatment guidelines contained within relevant RISE policies, the Department of Health's Drug Misuse & Dependence: UK Guidelines on Clinical Management (2007) and NTA (2012) Medications in Recovery.

3.2.5 Where an individual becomes challenging or problematic RISE will arrange for advice and transfer into specialist treatment.

3.2.6 In the event of changes to a person's treatment that could have a potential impact on their recovery plan, the GP will inform RISE at the first possible opportunity, to allow for contingency planning for the individual. The GP will make use of access to the electronic RISE record system (HALO) and may make entries.

Responsibilities of the specialist treatment provider:

3.2.7 The specialist treatment provider, RISE, aims to see, assess and provide recovery planning to all individuals within 21 working days. Following assessment by RISE, ordinarily RISE will initiate prescribing. However on occasion it may be appropriate for a GP to initiate prescribing where agreed with RISE. The benefits of this approach will be that there will be a clear understanding and agreement about prescribing and support options, prior to the person entering the shared care scheme.

3.2.8 RISE operates on a 9-5 week day basis Monday to Friday, with services also offering restricted opening on Saturdays. Some late night opening will be available in each service and GPs will be able to access support re any shared care issues during this time.

3.2.9 Reciprocal communication – Recovery workers to keep GPs updated and will ensure up to date information on individuals is available on HALO.

3.2.10 RISE will provide clinical advice through the RISE local Clinical Team. Details will be made available to practices concerned.

4. POPULATION COVERED

Adults (18 and over) resident within Devon County Council's geographical area (excluding Torbay and Plymouth).

5. ACCEPTANCE AND EXCLUSION CRITERIA

5.1 Acceptance criteria:

5.1.1 The Shared Care Scheme is for people aged 18 years and over who use illicit substances and medications bought or prescribed in a problematic way. All individuals

referred by RISE for shared care prescribing will have been subject to assessment and recovery planning and will have an allocated recovery worker.

5.1.2 Primary care prescribing to individuals with drug use problems will take place within the context of shared care arrangements between the person, their GP and the specialist treatment provider (RISE).

5.1.3 Primary care prescribing interventions under shared care arrangements will be in conjunction with agreed psychosocial interventions as agreed in the recovery plan. A holistic package of care will be provided to meet the comprehensive needs of the person and to support them in their recovery.

5.1.4 The main services to be provided involve the prescribing of substitute medications as part of an agreed recovery plan.

5.1.5 Where a GP identifies a person who potentially could be treated within the shared care scheme, any intervention undertaken must be in collaboration with the treatment provider (RISE) (see **section 3.2** for service description/pathway)

5.2 Exclusion criteria:

5.2.1 Isolated prescribing for individuals with drug misuse issues other than within GP managed shared care as defined is not supported.

5.2.2 The following groups of individuals are not appropriate for the Shared Care Scheme:

- individuals under the age of 18
- high-risk patterns of substance use and administration
- (working in partnership with community mental health services) severe mental health co-morbidity including high risk of suicide and/or harm to others including high risk of harm to self and others
- poly-substance use with increased risk and/or requiring complex prescribing intervention
- chaotic and/or unstable individuals who are pregnant (including 6 months post-natal)
- challenging behaviour (consider risk to others, ability to support in primary care setting)
- “chaotic” clients who are subject to statutory supervision / order (such as Prolific & Priority Offenders or those with a Drug Rehabilitation Requirement)

5.2.3 The following criteria are used for prioritisation throughout the Devon drug and alcohol treatment system, however it may be inappropriate for individuals who meet these priority criteria to be prescribed under shared care arrangements:

- pregnant women (including 6 months post-natal)
- partner of a pregnant woman who has problems with substances (including 6 month post-natal), where the prescribing for the pregnant woman in isolation may compromise her treatment
- where there are child welfare / safeguarding concerns:
 - the child is currently involved or at high risk of imminent involvement with Social Services Childcare Team due to child protection issues
 - child in need issues have been identified
 - children that are currently being ‘looked after’ where there is a plan for them to

- return to parent(s) who have problems with substance misuse
- formally identified 'vulnerable adult' where assessment for a drug problem has indicated that treatment would reduce vulnerability
- formally identified within the domestic violence forum where assessment for a drug problem
- has indicated that treatment would reduce vulnerability
- planned 'out of area' transfers
- prison releases

6. INTERDEPENDENCIES WITH OTHER SERVICES

- RISE clinical team
- Community Pharmacies
- Community Mental Health services (Devon Partnership NHS Trust)
- Local Hospital Trusts: North Devon Healthcare NHS Trust, Royal Devon & Exeter NHS Foundation Trust, Torbay and South Devon NHS Foundation Trust and Plymouth Hospitals NHS Trust (Derriford)
- Prison substance misuse teams

7. ACTIVITY PLANNING ASSUMPTIONS

7.1 Prescribing interventions will be limited in accordance with the local formulary.

7.2 Work collaboratively with the person's recovery worker and staff from RISE including:

- prescribing within a clear individual recovery plan for the individual. The focus of any prescribing will enable the person to address any problems which have led to, or resulted from, the use of drugs with a view to supporting their recovery from that drug use and enabling them to become free from their problematic drug use
- adhering to decisions regarding recovery plans agreed with the person and RISE recovery worker. Where there is a concern or a clinical indication which make this inappropriate, the GP will discuss this with RISE staff at the first opportunity
- liaising where necessary with RISE clinical team regarding any prescribing issues that the primary care prescriber is unsure about
- informing RISE workers of any health issues which may impact upon the treatment to be provided to the individual

7.3 In the event of a person's stability becoming compromised in anyway the GP and RISE recovery worker will review the recovery plan (alongside the individual wherever possible). This may result in the person's prescribing needs being met by the specialist service, until such time the recovery plan indicates the person can return into the shared care scheme.

7.4 The GP and RISE recovery workers will jointly monitor the person's progress in their recovery in order to update the recovery plan.

8. MONITORING AND AUDIT REQUIREMENTS

8.1 GPs will be expected to provide monitoring information to support the reporting on national and local target requirements. To aid this requirement, GPs are required to complete the quarterly audit document at **Appendix 2** for each person seen under the scheme which includes three main elements of information:

- Patient identifiable information so that we are able to cross reference information from GP return to the data held by the drugs recovery service provider (RISE);
- Information relating to when prescribing commences and ceases.
- Information about quarterly 3 -way meetings between the RISE recovery worker, the Shared Care GP and the patient.

8.2 GPs will be required to keep an accurate register of people prescribed for under the shared care arrangements and ensure accurate quarterly returns to Public Health Devon.

8.3 Monitoring of prescribing will be undertaken via EPACT data, available through the local Clinical Commissioning Group and prescribing audits.

9. PATIENT SAFETY AND INCIDENT REPORTING

Patient safety is paramount and there is an expectation of openness, transparency and candour as the basis for keeping patients safe. GPs are expected to report serious incidents; to NHS England. (See Appendix 3 patient safety and incident reporting)

10. ACCREDITATION CRITERIA FOR GPs

Each GP is required to:

- complete the *RCGP certificate in the management of drug misuse – part 1 (1 day face to face and e-learning modules)* prior to accreditation
- have individuals registered with the GP or GP practice who the specialist prescribing service confirm are suitable for transfer to primary care prescribing within the Shared Care Scheme
- be willing to provide shared care treatment to a minimum 5 individuals per annum – subject to annual review
- have arrangements in place within their practice to provide continuation of shared care arrangements including prescribing interventions to people in the event of the GP being away from the practice due to leave, training or sickness. Ideally there will be more than one GP in a practice who has completed the RCGP Part 1 Certificate as above. However where this is impracticable, appropriate supervision and CPD is made available within the practice to ensure the GP continuing shared care is suitably skilled and supported.
- provide the service within their practice and adhere to relevant RISE policies and to the Department of Health's Drug Misuse & Dependence: UK Guidelines on Clinical Management (2007)
- accreditation is via the Public Health Devon Substance Misuse Team

11. TRAINING REQUIREMENTS

All accredited GPs will undertake a minimum of 2 hours of CPD. A local updating event will be made available by RISE on an annual basis. The intention is to keep GPs updated on developments in drug treatment and have the opportunity to share and review clinical practice

12. APPLICABLE SERVICE STANDARDS

12.1 Applicable national standards e.g. NICE

- Department of Health's Drug Misuse & Dependence: UK Guidelines on Clinical Management (also known as the 2007 Clinical Guidelines – orange book)
- NTA (2007) Drug misuse and dependence UK guidelines on clinical management
- NTA (2012) Medications in recovery: Re-orientating drug dependence treatment
- NICE (2007) Drug misuse opioid detoxification
- NICE (2007) Methadone and buprenorphine for the management of opioid dependence

12.2 Applicable local standards

Relevant RISE policies must be adhered to. These (and any subsequent updates) will be provided to the primary care prescribers by RISE.

13. LOCATION OF PROVIDER PREMISES

The Provider's Premises are located at:

GP practices

APPENDIX 1

Activity and Performance Schedule – Shared Care Scheme

The overall aims of the primary care prescribing services are to:

- protect families and communities from drug-related harm
- safeguard children
- reduce problematic drug use through the provision of community and home-based detoxification; substitute prescribing, and specialist assessment of complex needs
- comprehensively assess the physical, psychological, social and mental health needs of individuals
- assess the degree of dependence of the person to help inform the comprehensive assessment
- enable a medically supervised assessment of needs
- address the presenting treatment needs of the person as part of a recovery coordinated treatment intervention
- prescribe and arrange safe dispensing of prescribed medication to the individual
- offer BBV testing with informed consent of individuals
- commence Hepatitis B vaccination programme
- provide positive treatment outcomes for individuals
- ensure effective transfer into other treatment modalities
- assess presenting risks and provide intervention to minimise these
- provide a range of evidence based prescribing interventions
- increase capacity within the Devon drug treatment system
- retain individuals in treatment for more than 12 weeks to maximise the potential for successful treatment outcomes
- ensure equity of access for all groups in the community including those who otherwise would be hard to engage, e.g. people from ethnic communities, people who misuse stimulants, women, families with dependent children, people with mental health problems and homeless people
- maintain achievement of personal harm reducing goals through provision of integrated recovery pathways and recovery coordination of support for treatment adherence, primary health and social care and after care
- refer and assist individuals in accessing other services which would be more appropriate to meet their needs
- reduce the need for criminal activity to finance drugs
- reduce the problems related to drug misuse, including health, social, psychological and legal problems
- improve treatment gains by facilitating access to housing, employment, education and training to people in re-establishing their lives, free from dependency
- involve families and carers in the planning and process of treatment

Objectives:

- to provide a responsive assessment of need
- to provide an appropriate prescribing intervention to the person
- to offer choice (within agreed clinical protocol) to people regarding treatment and substitute medication to be prescribed

- to work in partnership with people to enable and support them in their recovery from substance misuse problems
- reduction in illicit drug use
- reduction in drug related deaths
- prevention of Blood Borne Viruses
- reduced misuse of prescribed drugs
- safeguard the wellbeing of children
- increase the number of people who have completed Hepatitis B vaccinations

Expected outcomes:

Families:

- improve relationships with family members, partners and friends
- safeguard children

Drug Use:

- reduction or cessation of problematic drug use
- reduction in incidence of injecting drug use
- reduction in the incidence of sharing among individuals who inject

Drug and alcohol related crime:

- reduction in drug-related and alcohol-related offending, particularly among offenders aged under 30
- reduction in the repeat offending among known offenders

Mental and physical health:

- improved general physical and mental health
- increased engagement in primary care (egg registration with GPs / dentists)
- increased Hepatitis B testing and vaccination, Hepatitis C and HIV testing
- improved knowledge of the health consequences of drug use and sexual risk-taking
- increase in abilities to cope with living in the community with mental health problems, avoiding preventable admission to in-patient care
- reduction in suicidal or self-harm ideation

Social functioning:

- decrease in proportion of leisure time spent on drug use and related activity
- retention of, or access to, secure housing (reduction of debt etc.)
- improvement in positive social and interpersonal relationships (egg parenting skills, non-drug taking family, social support, friendship and community networks)
- engagement into social re-integration initiatives (egg adult education, training, volunteer programmes, employment schemes)

These domains will be continuously measured through completion of NDTMS and the Treatment Outcome Profile (TOP) for all individuals by RISE as per their Recovery planning policy.

The outcomes recorded through TOP+ will be inputted onto Halo, RISE's data management system.

Service specific outcomes of the primary care prescribing services include:

- comprehensive assessment and coordinated recovery planning in partnership with people to meet their identified personal goals – evidenced through audit of their clinical notes
- recovery coordinated treatment plan developed with person – evidenced through audit
- successful completion of specific intervention for the individual – review of completion rates of intervention and discharge outcomes (NDTMS reports)
- individuals successfully linked into community based services – Halo case management – audit of treatment outcomes
- person and carer satisfaction with intervention provided – survey of their satisfaction
- individuals to receive an appropriate intervention within 21 working days of presenting to treatment system, based upon a comprehensive assessment of their needs
- an increase year on year in the number of people who receive treatment interventions via this treatment intervention.
- BBV testing offered to all individuals
- Hep B vaccinations provided to individuals

APPENDIX 2

Quarterly Shared Care return

BACKING DATA - Shared Care Scheme - for GPs prescribing methadone or buprenorphine as part of Shared Care with RISE Recovery, the specialist substance misuse service.

WARNING! Patient Identifiable Information: return this data to Sandra Allwood's *secure email address* : sandra.allwood@nhs.net

Please identify each Shared Care patient you have claimed for this Quarter

Patient/ client	NHS Ref	ID in RISE format: Initials/DD/MM/YY/M or F (Male/Female)	Shared Care prescribing started on: DD/MM/YYYY	Shared Care prescribing ended on: DD/MM/YYYY	Is Shared Care prescribing ongoing? Y/N	GP providing the Shared Care (name)	RISE Recovery Worker (name)	Has a 3-way review taken place this Quarter? (between GP/RISE/client) Y/N
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

(more rows may be inserted if needed)

APPENDIX 3

Patient Safety and Incident Reporting

The Provider/Supplier must act in an open and transparent way in relation to services provided to service users/patients. Robert Francis QC statement that, "a relentless focus on the patient's best interests and the obligation to keep patients safe and protected from substandard care" is the basis for expecting openness, transparency and candour in the relationships covered in this specification and contract.

Serious incidents requiring reporting which occur in GP Practices are notifiable to NHS England and/or the local CCG, as outlined in the GP commissioning contract. The purpose of reporting incidents is for the identification of trends, specific incidents of concern or emerging risks to patient safety. Information will be treated confidentially and sensitively.

Incidents that occur, in the course of the substitute prescription of opiate or non-opiate drugs or antagonists under this specification, are reportable to the Controlled Drugs Accountable Officer (CDAO) at NHS England. NHS England will inform the Public Health Commissioner of the outcome of these incidents, as well as any investigation that takes place. Incidents may then be discussed at the Controlled Drugs Local Intelligence Network (CDLIN) in order to share key learning points.

Serious incidents that have been reported to NHS England and/or local CCG should be notified by the supplier to the local Public Health Commissioner, as soon as reasonably practicable, in line with the requirements of the main Public Health Services contract.

Reflective Practice:

In the circumstances where an incident has been reported to NHS England and/or local CCG and local Public Health commissioners and does not give rise to an investigation, the practitioner may wish to debrief with the RISE Medical Lead. The importance of reflective practice is frequently noted in literature and is commonly regarded as an essential component of competent practice. Neither NHS England nor the Public Health Team views the reporting of incidents as characteristic of unsafe clinical practice.

The contract document contains further information about clinical governance.

Quality Assurance of Public Health Commissioned Services:

As part of the annual public health audit of accredited GPs in primary care, GPs will be required to identify any known complications or significant events that have occurred in that period. They will be asked to supply brief details of the event, learning from the incident and any change to practice as a result.

Shared Care Prescribed Treatment Agreement (4-way agreement to be used if receiving treatment prescribed by GP)

Client Name		Client Date of Birth	__ / __ / __	<div style="text-align: center;">Client Photograph</div> <p>This photograph is for confirming the identity of the client in the pharmacy, RISE and GP. It may not be shared with any parties outside this agreement, copied or used for any other purposes.</p>
Client Address		Client Contact Number		
RISE Recovery Worker Name		RISE Contact Number		
RISE Address				
GP Name		GP Contact Number		
GP Surgery Address				
Community Pharmacy Name & Address				

A mutually convenient time must be agreed with you to have your medication dispensed. Medication may be collected from the pharmacy during the following hours:

(to be completed by the pharmacy)

	Mornings		Afternoons	
Mon	From:	To:	From:	To:
Tues	From:	To:	From:	To:
Weds	From:	To:	From:	To:
Thurs	From:	To:	From:	To:
Fri	From:	To:	From:	To:
Sat	From:	To:	From:	To:
Sun	From:	To:	From:	To:

The purpose of this prescribed treatment agreement is to enable the use of medication to be safe and effective to support the client in their recovery journey.

Consent to the use of a photograph for identification:

We, the treatment provider (RISE), GP and pharmacy, agree that the client's photograph and personal information contained within this agreement will be used for the sole purpose of identifying the client during prescribed treatment and stored securely at all times. It will not be issued to, or viewed by any individuals or agencies outside this agreement.

I, the client

DO ☐

DO NOT ☐

consent to my photograph being taken by RISE, stored by my pharmacy, GP and RISE and used for the sole purpose of identification during my prescribed treatment. I understand that if I do not consent to this, then I have agreed to have my identity confirmed by:

.....
.....
.....

Information about medication

It is important that you are provided with information about your medication in a format that you can understand. It is also important that you know about the different types of prescribed treatment options to help you make an informed decision about which will suit you best.

I, the client, confirm that I have been offered written information about my medication, which I have:

☐ ACCEPTED

☐ DECLINED

If you are under supervised consumption, you will be provided with water in a disposable cup in a quiet area to take your medication so that your confidentiality is respected and to ensure that you have been able to take your medication. You must take any prescribed medicines on the pharmacy premises in accordance with the pharmacy staff's instructions.

As the providers of your treatment, the Community Pharmacy, GP and RISE, will:

- Fully support you in your recovery programme and in the decisions you make with regard to your medication in a way that helps to keep you safe and well.
- Treat you with respect, courtesy, understanding, kindness, compassion and honesty at all times and not to judge you if you stumble or lapse in your recovery plan.
- Keep you fully informed of your treatment options and provide information about medication, potential benefits and risks.
- Respect that you have the right to decline or accept the treatment offered to you.
- Discuss and exchange information on your behaviour, your state of health, attendance and other factors relating to your treatment with each other, with the aim of improving your treatment and reduce the risk of harm.
- Communicate with providers who may be treating you for other conditions as agreed with you to support your recovery.
- Not share confidential information unless we are concerned about your safety and well being, and have no other options.
- Provide lockable boxes for safe storage of medication, particularly if you have children living or regularly visiting your accommodation, or if you share your accommodation with another person. This is because of the potentially fatal consequences to both children and adults who do not have tolerance to them.
- Include your family and friends in your recovery plan if this is requested by you.
- Do all they can to ensure that any problems with your prescription are corrected as soon as possible so that you do not miss a dose as a result.

We ask you to treat the practice, clinic, pharmacy, other clients and staff with respect. This means that you will:

- Not be abusive or violent.
- Not smoke or drink alcohol on health premises.
- Not bring, or use, illicit drugs or weapons onto the premises.

- Not attend the practice, clinic or pharmacy whilst intoxicated.
- Attend the practice, clinic and pharmacy within agreed times and at agreed intervals (It may not be possible for you to be seen if you are late).
- Attend the practice, clinic or pharmacy on your own unless otherwise agreed.
- Be patient if the practice, clinic or pharmacy is busy – you will always be seen as soon as possible.
- Remove any hoods or hats; this will assist staff in identifying you correctly.
- Act in an acceptable manner in and around the practice, clinic or pharmacy: unacceptable behaviour includes shoplifting, verbal abuse or physical violence to staff or clients.
- Collect any prescribed medicines in person unless otherwise agreed.
- Take the medication as prescribed and will not share it with any other person.
- Understand that any prescribed medication or prescriptions given to me are my responsibility and will not be replaced (for example if they are lost, stolen or spilt).
- Understand that if I miss more than 3 consecutive days of dispensing, or if my attendance is irregular, my medication may be withheld for my safety (due to loss of tolerance) and I will need to engage with treatment services before it can be resumed.
- Understand that if there is a problem with the legality of your prescription the pharmacist will not be able to dispense it.
- Understand that failure to collect a dose on the specified day, or are not in a fit state to be given it (for example if you are intoxicated), you will not be able to collect it on a later day.
- Understand that the healthcare professionals involved in your treatment have to assess the safety of your prescription, which may mean they need to ask questions about this.
- Give 14 days notice for any requests for changes to my prescription.
- Store, transport and dispose of all medication, other substances and paraphernalia safely and securely, including out of the sight and reach of children and others.
- Inform the DVLA about any medication you are being prescribed.
- Not stock-pile medication and will return any unused medication to the community Pharmacy for destruction.
- Understand that if the above points are not adhered to that your pharmacological intervention may be reviewed to ensure that it is being prescribed in a way that is safe and effective to support you in your recovery journey.

To enable RISE and your prescriber to maximise the effectiveness of your recovery plan we also ask you to engage in psychosocial activities and testing of your substance misuse as agreed in your recovery plan.

Information Sharing and Consent

In order to provide you with a continuity of care and service your GP will be provided with access to your RISE Clinical records (HALO). Records held within the shared care system are accessible by all GPs within your area however only GPs at your registered practice are permitted to view these records. Access to these records will be available throughout your time in shared care and will be removed if you leave shared care or when you leave treatment (whichever occurs first).

We, the undersigned Client, Pharmacy, GP and RISE agree to the terms laid out in this agreement.

Client Full Name		Signature		Date	___ / ___ / ___	Client Copy (Please Circle)	Y / N
GP Name		Signature		Date	___ / ___ / ___	GP Copy (Please Circle)	Y / N
Pharmacy Representative Name		Signature		Date	___ / ___ / ___	Pharmacy Copy (Please Circle)	Y / N
RISE Representative Name		Signature		Date	___ / ___ / ___	RISE Copy uploaded to HALO (Please Circle)	Y / N

