

Best Practice Points for Dealing with difficult to Manage Patients who are taking drugs liable to abuse or diversion

Background

This document has been produced to help GP practices and Community Pharmacists, work in a collaborative and mutually supportive way to manage difficult patients, who try to obtain excess quantities of medicines prone to abuse. This has been produced following discussions with local GPs and community pharmacists as a result of actual incidents that have come to light. Some of the suggested actions may already be being undertaken in some practices within the PCT.

It is recognised that generally very few patients will give cause for concern, however we are sure “every” practice will recognise a few patients who fall into this category! In those instances we would advise this “best practice guidance” is followed.

Identifying such patients - Possible warning signs

GP Practices

- Patients requesting prescriptions in advance of when they should be due
- Regularly claiming prescriptions, or dispensed medicines have been lost and need re-issue
- Over-use of medicine is being flagged by the GPs computer system
- Concerns that other family members may abuse the medicines
- Rumours re supply / diversion occurring locally
- Receptionist concerns about the patient
- Threatening or intimidating behaviour towards GPs and practice staff to try to obtain a supply of medicines

Pharmacists

- Prescriptions for more than 30 days supply for CDs
- Frequent presentation of a prescription – may indicate reprints are being issued by surgery
- Presentation of prescriptions where the quantity requested exceeds that required to enable the patient to take the prescribed dose.
- Large quantities of medicines prone to abuse
- Patients presenting prescriptions from ‘out of area’
- Prescriptions which have been altered, or appear to have been illegally altered or there is a suspicion they are fraudulent.
- No specific directions, particularly on a CD

Possible actions to help manage these individual patients successfully.

GP Practices

- Keep a register of patients who cause concern through their demand for excessive quantities of medicines which may be subject to abuse. Practices may wish to grade the level of concern raised by these patients.
 - Locally, a practice can grade the level of concern they feel is raised by these patients as red, amber or green. This then dictates if these patients are supplied with weekly, two weekly or monthly prescriptions and whether they have to have a nominated pharmacy where scripts are sent.

- Consider drawing up a contract, between the patient and the practice, as to how they will be managed and how the practice expects the patient to behave. Explain the penalties for the patient if they break this contract.
 - One local practice has developed a three strikes and out policy. Patients who fall into this category are made aware of this policy and that if they accumulate three strikes, they will be removed from the practice list and the reason for the removal will be documented in the patient's notes and the PCT informed. Early requests, intimidating behaviour towards practice or pharmacy staff and use of out of hours to obtain extra medication are all regarded as strikes. These are recorded and a letter is sent to the patient informing them of the practice's concern. Abusive behaviour to practice or pharmacy staff, or altering prescriptions are considered serious enough for immediate removal from the practice list.
- Have a named Doctor deal with specific patients. If there are times they are not available, responsibility should transfer to another Doctor, who should be fully briefed.
- Put a warning on the patient's computerised record, to ensure anyone dealing with this patient is aware of the issues.
- Ask the patient to nominate a local Pharmacy to dispense their medicines. Prescriptions should be sent directly to or collected by, this Pharmacy, where the patient can obtain their medicines supply. Practice staff should be made aware, that the patient is not to be given a prescription to take away.
- Contact the nominated Pharmacy, to explain the situation and the details of the contract. Inform Pharmacy of the named GP to contact if there are issues with this patient. Have regular contact with the Pharmacist.
- Limit the quantity on the prescription eg only give 7 or 14 days.
- If patients claim they did not collect or have lost their prescription DO NOT re-print, **always re-issue** so that it is recorded that two prescriptions have been issued
- Keep a log of missing CD prescriptions and what actions were done to find these.
- Inform local pharmacists if CD prescriptions have gone missing
- GP practice should alert the Out of Hours service, as this may be another way the patient may try to obtain supplies.
- Warn other local practices in case they try to register as a temporary resident
- Have a tight repeat prescribing process. Nominated members of staff, who regularly produce prescriptions, will build knowledge and recognise if patients are over using medicines.
- If the patient chooses to, or is asked to leave the practice, communicate the issues and the management plan to the new practice. Also, communicate to the nominated pharmacist that the patient will no longer be registered at the practice.

Prescriptions for Controlled Drugs

- Have a list of CDs and other drugs open to abuse, so that practice staff producing prescriptions know which medicines to pay particular attention to.
- Ask practice staff producing prescriptions to alert the GP to any possible over-use, over-ordering or other concerns they may have.
- If prescriptions are requested early, do not issue these until they are due.
- Within the practice treat CDs differently from other medicines. Some examples of good practice quoted are:
 - Attach a slip to the prescription to alert the prescriber that it contains a CD so they take extra care when signing.
 - Get the person collecting the prescription to sign and date the slip and keep this. If a prescription is reported missing, this allows the practice to know exactly who had picked it up.
- If you still have difficulty managing the patient despite these actions, consider referring the patient to the Drug Team.

Requests for holiday prescriptions

- Consider asking for details as to area of travel and length of stay.
- If travel is in the UK, consider either;
 - Providing a prescription sufficient to cover the holiday period, but record the next issue date on the medication screen. Inform the patient of this date and that a supply will not be made prior to this.
 - Advising the patient to find a chemist local to where they are on holiday. The chemist can then contact the practice, who can then provide them with a prescription by post. The practice should always verify that it is a genuine pharmacy contacting them. E.g checking the Pharmacy contact details on the internet to ensure they are genuine.
- If travel is abroad: Supply a prescription sufficient to cover the period of travel. Record the next issue date on the medication screen and inform the patient that a supply will not be made before this date.
- The usual nominated pharmacy should be informed about travel arrangements
- Post dated scripts should NOT be issued

Pharmacists

- If there are concerns over the quantity prescribed, or directions the patients GP should be contacted to clarify this.
- Patients who continually attempt to get supplies early before their prescription should be needed. These concerns should be discussed with the patients GP.
- If you have some concerns that a family member may be abusing the medicines, contact the GP.
- If a CD has a supply of more than 30 days, this should be queried with the prescribing GP.
- When managing specific patients in conjunction with a GP ensure that all Pharmacy staff, including locums are aware of the management plan for that individual.
- Ensure any issues with a patient who is difficult to manage are reported back to the GP responsible for the patient
- If you continue to have concerns regarding prescribing of medicines with potential of abuse, despite the actions being taken above, contact the Accountable Officer at the PCT.

Note. In terms of a possible amended / fraudulent prescriptions being presented by a patient, this is a criminal offence. The pharmacist should retain the prescription and not supply the medicine. The prescribing GP should be contacted, and if there is any evidence of fraudulent activity the police should also be contacted. In addition if the prescription is for a CD, the PCT Accountable officer should be informed.

Local Contact Details

***PCT Accountable Officer –
PCT Deputy Accountable Officer
PCT Lead Pharmacist for Controlled Drugs
Local RPSGB Inspector
Local CD Police Liaison Officer
Local Counter Fraud Officer***

Useful links

A Guide to Good Practice in the Management of Controlled Drugs in Primary Care
(third edition)
http://www.npci.org.uk/cd/public/docs/controlled_drugs_third_edition.pdf

Drug Misuse and Dependence – UK Guidelines on Clinical Management
(Department of Health)
http://www.nta.nhs.uk/publications/documents/clinical_guidelines_2007.pdf

NPSA rapid response report – Reducing Dosing Errors with Opioid Medicines
<http://www.npsa.nhs.uk/nrls/alerts-and-directives/rapidrr/reducing-dosing-errors-with-opioid-medicines/>

Standard Operating Procedure for legal requirements of prescriptions for controlled drugs in substance misuse services in community pharmacy, available on GP intranet at: http://gpintranet.dorset.nhs.uk/prescribing/useful_documents/index.asp