# Audit report template

## Audit report executive summary

### <Name of service>

Audit report date:

### General overview

1. Opioid substitution treatment

2. Entry into opioid substitution treatment

3. Stages of treatment

4. Safety issues

5. Managing dose-related issues

6. Managing clinical issues

7. Managing OST transfers

8. OST in primary health care

9. OST and the pharmacy

10. The OST workforce and professional development requirements

11. Administrative expectations of specialist OST services

12. Prescribing controlled drugs in addiction treatment (Misuse of Drugs Act 1975, section 24)

13. Interim prescribing

14. Risk (if any)

## Audit report

Report date:

### Service context

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| --- | --- |
| **Service provider:** |  |

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| --- | --- | --- | --- |
| **Premises name** | **Street address** | **Suburb** | **City** |
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| --- | --- | --- | --- |
| **Number of funded OST places** | **Number of clients at date of audit** | **Number and percentage of clients in shared care** | |
|  |  | <Number> | <Percentage>% |

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| --- | --- | --- |
| **Current waiting time** | **Number of community pharmacies** | **Number of GPs authorised** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staffing roles** | **Qualifications** | **Number and % of staff with no professional registration** | |
|  |  | <Number> | <Percentage>% |

### Audit team

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| --- | --- | --- |
| **Audit team** | **Name** | **Qualification** |
| Lead auditor |  |  |
| Clinical expert |  |  |
| Consumer auditor |  |  |
| Other |  |  |

### Data collected

|  |  |  |  |
| --- | --- | --- | --- |
| No. of clients interviewed |  | No. of whānau interviewed |  |
| No. and % of clients records reviewed | <Number> <Percentage>% | No. of authorised prescribers/ staff interviewed |  |
| No. of staff/management interviewed |  | No. of pharmacists interviewed |  |

### 1 Opioid substitution treatment

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| --- | --- | --- | --- |
| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| **1.1 Objectives of OST** |  |  |  |
| The service delivery reflects the principles of the Treaty of Waitangi. |  |  |  |
| The service delivery reflects the principles of recovery and harm reduction. |  |  |  |
| The service delivery reflects a partnership approach between the client, the specialist service or primary health care provider and the client’s nominated support people. |  |  |  |
| The overarching treatment objectives are consistent with the objectives set out in section 1.1 of the *OST Guidelines*. |  |  |  |
| **1.2 Roles of specialist OST services** | No audit requirements |  |  |
| **1.3 Recovery-orientated OST** |  |  |  |
| The service delivery reflects the principles of recovery and wellbeing orientated treatment. |  |  |  |
| Recovery is visible to the clients, eg:   * recovery/recovery capital posters on walls * AA/NA and peer-support group flyers are in reception areas * clients have access to lifestyle information/pamphlets to support social and community resources * the service employees have their own experience and are open about their own recovery * the service employs peer-support workers and consumer advocates. |  |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 2 Entry into opioid substitution treatment

| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| --- | --- | --- | --- |
| **2.1 The comprehensive assessment** |  |  |  |
| The service commences a comprehensive assessment within two weeks of the person presenting to, or being referred to, an OST service or any part of an addiction service seeking assistance for an opioid problem. |  |  |  |
| Clients accepted for OST meet diagnostic criteria for opioid dependence and indicators of how such criteria are met are clear in the assessment. |  |  |  |
| Risk-taking behaviours are documented in the assessment, eg, injecting practices, blood-borne virus transmission, driving. |  |  |  |
| The client’s strengths and recovery capital are identified in the assessment. |  |  |  |
| **2.2 The treatment plan** |  |  |  |
| Comprehensive assessments include an individualised treatment plan that is reviewed and updated at regular intervals. |  |  |  |
| Treatment plans are developed in collaboration with the client and are self-directed and recovery focused. |  |  |  |
| The expectation and process for transfer to a primary health care provider has been explained to the client and their significant others and engagement with a primary care provider is under way at time of admission. |  |  |  |
| **2.3 Other treatment options for opioid dependence** |  |  |  |
| Alternative treatment options have been discussed and documented. |  |  |  |
| **2.4 Decisions not to admit to the OST programme** |  |  |  |
| The rationale for excluding people who meet the diagnostic criteria for opioid dependence is documented and reflects best-practice principles. |  |  |  |
| **2.5 Contraindications for OST** | No audit requirements |  |  |
| **2.6 Priority admissions** |  |  |  |
| A transparent system is in place to determine priority access based on the risks of delaying treatment. |  |  |  |
| **2.7 OST for clients under 18** |  |  |  |
| The admission of a client under 18 years old is supported by an opinion from an addiction medicine specialist and/or a child and youth psychiatrist. |  |  |  |
| **2.8 Informed consent and treatment information** |  |  |  |
| Consent for OST is signed by the client. |  |  |  |
| Before consenting to treatment, clients are informed of and provided with written information on:   * their rights and responsibilities and the process for making complaints * the benefits, side effects and limitations of opioid substitution medication * the potential effect of opioid substitution medication on activities such as driving and operating machinery * the interactive effects of opioid substitution medication with alcohol and other substances * the possible need for an electrocardiogram before commencing or during OST (if on methadone) to establish QTc interval * the process of making complaints * the availability of consumer advocacy and peer support services. |  |  |  |
| Informed consent is reflected throughout treatment, ie, there is evidence that clients have been fully informed of any changes in service delivery and any proposed changes to their treatment plans. |  |  |  |
| **2.9 Choice of OST medication** |  |  |  |
| Clients are provided with information on the OST medications available and their choice is guided by their preference and goals. |  |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 3 Stages of treatment

| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| --- | --- | --- | --- |
| **3.1 Induction** |  |  | N/A |
| Admission to the OST service occurs as quickly as possible (ideally two weeks) after eligibility has been established. |  |  |  |
| Clients are informed about how long they will wait for OST and are offered interim methadone or buprenorphine and psychosocial support. |  |  |  |
| Prescribing and monitoring is consistent with the *OST Guidelines* sections 3.1.1 and 3.1.2, or a clear rationale is documented where practice is not consistent with the *OST Guidelines*. |  |  |  |
| **3.2 Stabilisation** |  |  |  |
| Stabilisation is assessed on an individual basis in relation to the client being on a stable dose without the need for dose review and working toward short-term goals and treatment priorities. |  |  |  |
| **3.3 Ongoing OST** |  |  |  |
| Appointments with the key worker occur no less than three monthly. |  |  |  |
| The client is seen by the authorised prescriber, preferably with the key worker, at least once every six months. |  |  |  |
| Transfer to a primary health care provider is in place or being pursued. |  |  |  |
| Therapeutic doses are generally in the range of 60–120 mg methadone or 12–24 mg buprenorphine. |  |  |  |
| Doses of methadone above 120 mg or buprenorphine above 32 mg are not prescribed before consultation occurs between the prescribing doctor, the client and the multidisciplinary team. |  |  |  |
| Medicines Control have been notified of all prescribing above 120 mg methadone and 32 mg buprenorphine; and the Director of Mental Health has been notified of all doses of methadone above 150 mg. |  |  |  |
| **3.4 Transfer methadone to buprenorphine** |  |  |  |
| **3.5 Transfer buprenorphine to methadone** |  |  |  |
| There is evidence that transfers are well planned and appropriate information has been provided to the client on the transfer process. |  |  |  |
| **3.6 Reviewing progress** |  |  |  |
| Reviews occur at least once every six months and involve the client, the authorised prescriber and the key worker. |  |  |  |
| Key worker monitoring sessions include review of progress in relation to the treatment plan and an updated assessment of risk. |  |  |  |
| Clients are informed in writing about the scheduling of special case reviews and their right to be involved and to have a support person attend. Exceptions to this comply with the *OST Guidelines*. |  |  |  |
| Written procedures are available for clients on how to request a treatment review. |  |  |  |
| **3.7 Drug screening** |  |  |  |
| A combination of self-reporting, clinical observation and urine screening is utilised for monitoring drug use; policy, protocol and practices are consistent with *OST Guidelines* section 3.7. |  |  |  |
| **3.8 Psychosocial interventions** |  |  |  |
| Every client has access to case management and psychosocial support, including those receiving treatment from a primary health care provider and those in prison (where appropriate). |  |  |  |
| Where specialist services or primary health care providers are unable to provide psychosocial interventions, procedures and agreed plans are in place for supporting clients to access appropriate services. |  |  |  |
| Family-inclusive practices are central to the service delivery. |  |  |  |
| The interventions provided are evidence based, recovery orientated and tailored to individual needs and have defined goals. |  |  |  |
| Self-help techniques for emotional distress, including sensory modulation, are promoted. |  |  |  |
| The service has links with other supports, including peer support, employment and housing agencies. |  |  |  |
| Clients are provided with information about available psychosocial supports, self-help and family and whānau support groups as well as cultural and spiritual guidance if appropriate. |  |  |  |
| **3.9 Completing OST** |  |  |  |
| Planned withdrawal is client directed, has a flexible end point and includes relapse prevention, psychosocial, medical and ongoing support, *OST Guidelines* section 3.9.1. |  |  |  |
| Clients who are unable to maintain stability after a planned withdrawal from OST are promptly readmitted to OST, *OST Guidelines* section 3.9.1. |  |  |  |
| The client has a discharge plan and after-care plan, *OST Guidelines* section 3.9.1. |  |  |  |
| Involuntary cessation OST is considered and decided by the multidisciplinary team only as a last resort and only after all efforts have been made to resolve influencing issues, *OST Guidelines* section 3.9.2. |  |  |  |
| Decisions regarding involuntarily cessation of OST are supported by an independent addiction medical specialist, or equivalent, *OST Guidelines* section 3.9.2. |  |  |  |
| Clients subject to involuntary withdrawal are:   * given the reasons for the withdrawal in writing * cautioned about risks of driving and operating machinery during the withdrawal process * offered support during the withdrawal process * provided with a future-directed specific treatment plan * informed of other treatment options available * provided with information on the service’s complaints procedure and appeal procedure.   *OST Guidelines* section 3.9.2. |  |  |  |
| The client has a discharge plan, including how they might re-engage in OST, *OST Guidelines* section 3.9.2. |  |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 4 Safety issues

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| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| **4.1 Overdose** |  |  |  |
| Clients and their support people are provided with relevant information on the risks of overdose and actions to take in an emergency. |  |  |  |
| **4.2 Substance-impaired driving** |  |  |  |
| Before admission, clients are informed of the risks of driving while on OST, in particular during induction, when their dose is increased or decreased or when they are using other substances that could impair or alter the metabolism of the opioid substitution medication. |  |  |  |
| Identified risks are effectively managed and documented. |  |  |  |
| **4.3 Methadone and cardiac safety** |  |  |  |
| Clients are screened for the risk of QTc interval prolongation at entry to, and during, OST as appropriate. |  |  |  |
| **4.4 Drug interactions** | No audit requirements |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 5 Managing dose-related issues

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| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| **5.1 Takeaway doses** |  |  |  |
| The service policy and practices are relevant to takeaway doses of OST medication, support safety and recovery goals and are consistent with requirements, including:   * provision of takeaways is based on clinical team decision-making * observed consumption of medication occurs on at least three non-consecutive days per week (or the rationale for otherwise is clearly documented and meets safety requirements) * variations to the above are documented and supported by evidence of stability. |  |  |  |
| Safety requirements concerning takeaway doses are specified in writing and provided to clients and pharmacists. |  |  |  |
| **5.2 Notice of prescription changes** |  |  |  |
| Clients are given information on how to request changes to prescriptions. |  |  |  |
| **5.3 Replacement doses** |  |  |  |
| Replacement of lost or stolen doses occurs at the direction of the prescriber only in exceptional circumstances that are verified. |  |  |  |
| **5.4 Reintroducing OST medication after missed doses** |  |  |  |
| The management of missed doses and re-introductory doses complies with *OST Guidelines* section 5.4. |  |  |  |
| **5.5 Split methadone dosing** | No audit requirements |  |  |
| **5.6 Measuring methadone serum levels** | No audit requirements |  |  |
| **5.7 Travelling overseas with OST medication** |  |  |  |
| Medication for travel is coordinated in accordance with the requirements of New Zealand and the intended travel destinations. |  |  |  |
| **5.8 Withholding an OST medication dose** |  |  |  |
| The rationale for withholding or cancelling OST doses is outlined in the client’s file. |  |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 6 Managing clinical issues

| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| --- | --- | --- | --- |
| **6.1 Managing problematic substance use** |  |  |  |
| The service adopts a motivational approach to engage with and retain clients who continue to use opioids and/or other substances, including alcohol, ensuring consideration of safety and offering assistance. |  |  |  |
| Clients who are known to use other substances problematically do not receive takeaway doses, and their OST medication consumption is closely observed. |  |  |  |
| Clients are advised about potential interactions between OST medication and other substance (including alcohol). |  |  |  |
| Smoking cessation is promoted and offered by both specialist services and GP prescribers. |  |  |  |
| **6.2 Managing side effects** |  |  |  |
| Clients are provided with information on potential side effects and management of side effects. |  |  |  |
| **6.3 Managing intoxicated presentations** |  |  |  |
| Clear guidance is given to clients and pharmacists regarding the likely outcomes of a client presenting for doses in an intoxicated state. |  |  |  |
| **6.4 Managing challenging behaviour** | No audit requirements |  |  |
| **6.5 Co‑existing medical and mental health problems** |  |  |  |
| The service routinely assesses for co‑existing medical and mental health problems. |  |  |  |
| Frameworks are in place for identifying and treating (or facilitating treatment) of coexisting mental health and/or medical problems. |  |  |  |
| The service has appropriate systems in place for identifying and supporting clients to manage health issues associated with blood-borne viruses. |  |  |  |
| All staff are trained in HIV and hepatitis-related issues and are able to provide clients with information about blood-borne virus transmission and treatments, their support people and other health and social service providers. |  |  |  |
| The service encourages good dental hygiene and facilitates access to dental treatment as needed. |  |  |  |
| Plans are in place to support the management of specific complications experienced by older clients and those who have been on OST for a long period of time. |  |  |  |
| **6.6 Management of acute and chronic pain** |  |  |  |
| Clear policies and or memoranda of understanding with hospitals are in place for planned and emergency admissions. |  |  |  |
| The service liaises appropriately with medical and surgical services to ensure continuity of OST for clients who are hospitalised. |  |  |  |
| OST is managed appropriately, in consultation with pain management services, for clients presenting with chronic non-malignant pain problems. |  |  |  |
| **6.7 Management of pregnant and breastfeeding women** |  |  |  |
| Pregnant women have priority access to OST. |  |  |  |
| The service implements clear protocols for managing pregnant women. |  |  |  |
| Women of childbearing age are given information about the safety of methadone and buprenorphine in pregnancy. |  |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 7 Managing OST transfers

| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| --- | --- | --- | --- |
| **7.1 Transferring between specialist services** |  |  |  |
| Clients transferring into and out of the service are provided with treatment within their domicile within three months of re-location. |  |  |  |
| Transfer documentation; including a comprehensive assessment, a current risk assessment, a summary of treatment and a current treatment plan have been provided to the new service. |  |  |  |
| Admission to the new service is not conditional on discontinuation or withdrawal of any other (prescribed or illicit) substances. |  |  |  |
| **7.2 Transferring to a prison** |  |  |  |
| The client’s original specialist service authorises the prison medical officer to prescribe for the client when they are in prison. |  |  |  |
| The specialist service in the locality has a designated prison liaison role and provides psychosocial inventions to prisoners on OST in prisons in their area regardless of the prisoner’s service of origin. |  |  |  |
| Reviews take place at least annually and involve appropriate prison medical and specialist service staff.  All out-of-area reviews are conducted by TeleMed. |  |  |  |
| **7.3 Transferring from overseas** | No audit requirements |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 8 OST in primary health care

| **Indicators** | **Evidence** | **Attainment** | **Risk** |
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| **8.1 Shared care with the primary health care sector** |  |  |  |
| All clients have a nominated GP. |  |  |  |
| The service proactively supports the transfer of clients to their authorised GP as soon as possible after dose stabilisation. |  |  |  |
| The specialist service complies with the responsibilities outlined in the *OST Guidelines* section 8.1. |  |  |  |
| **8.2 Requirements of GPs in shared care with a specialist service** |  |  |  |
| Authorised GPs are working within a broader primary health care team. |  |  |  |
| Authorised GPs have undertaken training relevant to managing clients receiving OST. |  |  |  |
| A formal agreement is in place regarding providing advice and consultation. |  |  |  |
| Clients are provided with access to psychosocial support. |  |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 9 OST and the pharmacy

| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| --- | --- | --- | --- |
| **9.1 Responsibilities of the pharmacist** |  |  |  |
| The service provides training and support to community pharmacies and communicates with them regularly. |  |  |  |
| The service provides pharmacies with accurate information as to which GPs are authorised to prescribe OST. |  |  |  |
| The pharmacist notifies the prescriber when a client:   * has missed collecting more than one dose * presents as intoxicated * exhibits abusive or threatening behaviour * diverts or makes a serious attempt to divert their OST medication * exhibits withdrawal symptoms * deteriorates in their physical, emotional or mental state. |  |  |  |
| Pharmacists inform specialist services when they receive OST prescriptions for unknown prescribers. |  |  |  |
| **9.2 The administration and dispensing process** |  |  |  |
| Pharmacists are consulted as part of the multidisciplinary team, in particular, before making significant changes to a client’s treatment plan that affect dispensing. |  |  |  |
| The service is accessible to the community pharmacist, eg, has the contact details of the key worker for each client, and an afterhours contact number. |  |  |  |
| **9.3 Managing other aspects of OST provision** |  |  |  |
| The service communicates clearly with the pharmacist when a client’s new prescription differs from the previous one (eg, dose change, new takeaway regimen, split dose, early start date). |  |  |  |
| Written confirmation (a fax) is received following any telephoned request for script changes, *OST Guidelines* 9.3.4, and faxed prescriptions are received in a timely manner, *OST Guidelines* Appendix 16. |  |  |  |
| The service notifies the pharmacist when a client has transferred to a new pharmacy. |  |  |  |
| The service has systems/policies for documenting and responding to errors in a community pharmacy. |  |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 10 The OST workforce and professional development requirements

| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| --- | --- | --- | --- |
| **10.1 The OST team** |  |  |  |
| The OST team includes a range of disciplines and roles. |  |  |  |
| Clients are able to access peer support and consumer advocacy from within or outside the service. |  |  |  |
| OST staff demonstrate knowledge, skills and attitudes appropriate to their role. |  |  |  |
| **10.2 Workforce training and professional development** |  |  |  |
| Clinical staff members receive appropriate orientation, mentoring and supervision and ongoing in-service education. |  |  |  |
| Clinical staff have completed or are enrolled in relevant tertiary addiction education. |  |  |  |
| Clinical staff are members of a relevant professional body. |  |  |  |
| Lead clinicians and senior staff members are supported to attend specialist sector meetings and networking opportunities with OST providers. |  |  |  |
| Staff in leadership/management positions and medical officers are supported to attend at least one NAOTP meeting per year. |  |  |  |
| Senior medical staff are supported to attend the majority of NAOTP meetings. |  |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 11 Administrative expectations of specialist OST services

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| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| **11.1 Record keeping** |  |  |  |
| Comprehensive records are held for all clients. |  |  |  |
| **11.2 Reporting requirements** |  |  |  |
| The service fulfils regular reporting requirements, eg, to PRIMHD and to the Director of Mental Health. |  |  |  |
| **11.3 Rights of clients receiving OST** |  |  |  |
| Clients are provided with information about:   * their rights under the HDC Code of Health and Disability Services Consumers’ Rights Regulation 1996 * peer support and consumer advocacy contacts * limits of confidentiality under the Health Information Privacy Code 1994 * the range of treatment options and psychosocial interventions available * the service’s policies and procedures, including the complaints procedure. |  |  |  |
| **11.4 The complaints procedure** |  |  |  |
| The service has a complaints management system that is easily accessible to clients and complies with legislation and is linked to the service’s quality and risk management system. |  |  |  |
| Records of complaints are not kept in clinical files. |  |  |  |
| **11.5 Safety requirements of specialist services** |  |  |  |
| The service has safety protocols that address the personal safety of clients and staff, as well as safety in prescribing and dispensing OST doses. |  |  |  |
| **11.6 Local protocols in specialist services** |  |  |  |
| Local protocols are consistent and do not conflict with the *OST Guidelines* or with relevant legislation, codes of practice or accountability requirements. |  |  |  |
| **11.7 Civil defence emergencies** |  |  |  |
| Management plans are in place for civil defence emergencies. |  |  |  |

#### Section attainment summary

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| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 12 Prescribing controlled drugs in addiction treatment (Misuse of Drugs Act 1975, section 24)

| **Indicators** | **Evidence** | **Attainment** | **Risk** |
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| **12.1 Operation of MODA, section 24** |  |  |  |
| **12.2 Protocol: designation of specialist services** |  |  |  |
| **12.3 Protocol: designation of lead clinicians** |  |  |  |
| **12.4 Departure from appointment protocol** |  |  |  |
| **12.5 Criteria for appointment of lead clinicians** |  |  |  |
| **12.6 Operating a specialist service in compliance with MODA, section 24** |  |  |  |
| The service complies with provisions of the Misuse of Drugs Act 1975, section 24 (or other relevant legislation) relevant to approval to offer OST. |  |  |  |
| Master copies of the Misuse of Drugs Act 1975, section 24(2)(b) authorisation forms are contained in the service’s authorisation folder. |  |  |  |
| The Misuse of Drugs Act 1975, section 24(2)(d) authorisation forms are evident in clients’ files. |  |  |  |
| **12.7 Supporting consumers in primary health care in complying with section 24 MODA – authorising medical practitioners working in primary care** |  |  |  |
| 12.7.1 Authorising medical practitioners working in primary care |  |  |  |
| Correct authorisation is given to each GP and prison medical officer for named clients, the Misuse of Drugs Act 1975. |  |  |  |
| Copies of each GP authority are sent to the dispensing pharmacy and to Medicines Control, the Misuse of Drugs Act 1975. |  |  |  |
| The lead clinician ensures that authorised prescribers comply with the sector standards and practice guidelines and have regular clinical supervision and access to relevant training, the Misuse of Drugs Act 1975. |  |  |  |
| The service ensures that all health professionals authorised to prescribe have information on how to:   * discuss management problems * request reviews * transfer clients back to services. |  |  |  |
| 12.7.2 Period of GP authority |  |  |  |
| A prescribing authority is updated at three-monthly intervals, or longer only with approval from the Medical Officer of Health, Medicines Control, the Misuse of Drugs Act 1975, section 12.7.2. |  |  |  |

#### Section attainment summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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### 13 Interim prescribing

This section applies only to those specialist OST services that offer an interim methadone prescribing programme.

The indicators below are set out in *National Guidelines: Interim methadone prescribing* (Ministry of Health 2007).

| **Indicators** | **Evidence** | **Attainment** | **Risk** |
| --- | --- | --- | --- |
| **13.1 Eligibility** |  |  |  |
| Interim methadone treatment prescribed by an authorised GP is offered to clients when OST is clinically indicated (following comprehensive assessment) and there is a longer than two-week waiting list for OST. |  |  |  |
| Clients receiving interim methadone treatment are retained on a waiting list for the full OST programme. |  |  |  |
| **13.2 Consent to interim methadone prescribing programme** |  |  |  |
| The Consent to Treatment form sets out the following treatment terms:  a. The client will pay for all GP or alternative prescriber consultations where appropriate.  b. The client will attend all review sessions as required on the programme.  c. The maximum daily dose on the programme is 60 mg of methadone.  d. Split dosing is not possible.  e. There are no takeaway doses of methadone (or buprenorphine) on the programme. |  |  |  |
| **13.3 Induction and prescribing** |  |  |  |
| Induction and prescribing practices for methadone are as set out in the National Guidelines: Interim methadone prescribing (Ministry of Health 2007) or Appendix 18 of the *OST Guidelines* (Ministry of Health 2014). This includes prescribing relevant to missed doses.  If the interim medication is buprenorphine, induction guidelines should be followed as outlined in the *OST Guidelines*. |  |  |  |
| **13.4 Ongoing support** |  |  |  |
| The specialist service provides information to the client and their support people regarding available psychosocial support. |  |  |  |
| **13.5 Interim buprenorphine prescribing** |  |  |  |
| Where buprenorphine is prescribed as an interim OST medication, the same requirements as per methadone (above) apply. The maximum dose should be 32 mg. |  |  |  |

#### Section attainment summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators (out of 6):** | | | |
| Fully attained | Partially attained | Unattained | Not applicable |

#### Summary of recommended actions

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|  |

### 14 Risk (if any)

Should any risk/s be identified within the course of the audit, this will be documented and given a risk rating (see Appendix 1: Risk assessment matrix).