

## **SIGNPOST KEY-WORKERS GUIDANCE**

### **PRIOR TO COMMENCEMENT OF METHADONE**

- Preparation work, diaries and any other relevant worksheets to be completed.
- Give client green The Methadone Handbook.
- Discuss and go through section of methadone handbook on 'Safety and Storage of Methadone'- record in notes/tick checklist.
- Drug test minimum of once during pre-prescription phase of work - to evidence opiate dependency. [Failure to evidence could be potentially lethal]
- Complete Christo scoring and record in notes.
- Identify community pharmacy place, inform pharmacist of date that prescription will commence.
- Book GP appointment for client and key-worker to attend.
- Stress to client that last use of heroin to be night before starting treatment.
- To present with mild/moderate withdrawal symptoms on day prescription starts.
- It is safest to start a prescription at the beginning of week.

### **DAY 1 TREATMENT STARTS**

- Complete S.O.W.S. (To evidence withdrawal)
- Ensure 4 – way treatment agreement is signed by all concerned parties.
- Make next GP appointment in month's time – prescription lasts max 28 days.
- Introduce client to pharmacist.
- Remain with client for 30 minutes (minimum) to observe after dose.

### **GUIDELINE FOR KEYWORKING GPPS CLIENTS**

#### **ALLOCATION**

When you are allocated a GPPS client you should immediately check that all assessment information has been obtained. On commencing prescription a CHRISTO INVENTORY should be completed and the score noted on the assessment paperwork. Where the client has access to or lives within a house with children aged 16 years or under, contact with the appropriate Social Work department must be made.

## Appendix 3 (2 of 3)

This must be followed up by sending either an information sharing document or CP1 copy of which should be entered into the clients case file. All on-going communication should be recorded, signed and dated.

The client should be introduced to the community pharmacist by their allocated key-worker, at the pharmacy where the client will be picking up their prescription from. The 4-way agreement will be signed by the community pharmacist at this meeting. This should be recorded in the notes and a copy of the 4-way agreement filed in the case file.

As well as introducing the client to pharmacist, introduce yourself!

Make sure that it is the pharmacist that you are speaking to, leave a Signpost card with your contact details.

Your notes should by this point have a clear record of: Doctors name and telephone number, pharmacy name and telephone number, dosage of prescription and dispensing arrangements.

**CHANGES TO ANY OF THE AFORMENTIONED SHOULD BE RECORDED IN THE CASENOTE.**

The four way agreement is signed by all parties; client, key-worker, GP and pharmacist. A copy of the 4-way agreement is issued to the GP, Pharmacist, client and key-worker for their records.

A treatment/care plan should be in place by the second appointment. The client will be offered a copy of the care plan.

### **KEYWORKING**

Your record of contact with the client should detail how you are working in line with the care plan. If you are using worksheets record that these have been left with the client to complete for next appointment, put in date of next appointment. Notes should also record that you have reviewed the worksheet.

All contact with all agencies in relation to the client should be recorded in the casefile, always record the name of who you spoke to and make sure that you have dated and signed every communication including telephone calls.

The key-worker should attend all GP appointments with the client. In cases of staff sickness, when calling to report that you are off sick, if you have any GP/client appointments you should inform the administrator, so that where possible this can be covered by another worker/or alternative arrangements made.

## Appendix 3 (3 of 3)

When attending the GP, you as the key-worker should take the prescription, and go with client & prescription to the dispensing pharmacy. You should communicate with the pharmacist, at this time, updating the pharmacist of progress, work done, any concerns in relation to that particular client. In response to this communication you should expect to receive feedback from the pharmacist about the client, keeping you informed of any progress, concerns, and positive behaviours and so on.

Record all communication in the client's casefile, dated and signed.

The client's casenote is your evidence of all communication and work carried out.

### **3 MONTHLY REVIEW**

The 3 monthly review form and CHRISTO score should be completed with the client prior to the GP appointment, if possible.

During the review appointment with the GP, progress, updates, future work, care plan should be recorded in the 3 monthly review form.

A copy of the 3 monthly review form is filed in the Signpost Recovery casefile.

A copy of the last page of the 3 monthly review form 'the care plan' should be offered to the client, GP and community pharmacist for their records.

#### **RECORD THE RESPONSES OF PHARMACIST, GP AND CLIENT IN CASEFILE AS TO WHETHER THEY TOOK OR DECLINED A COPY**

- GPPS Keyworker attends first GP appointment and pharmacy contact with client.
- 4-way contract completed.

**After the review is completed give the review date and Christo score to GPPS Senior Worker (Signpost Recovery).**