



**Change
Grow
Live**

**Guide to
PharmOutcomes
for the
Change Grow Live
Core MAT Service**

v1.1 February 2024

Welcome to the PharmOutcomes Guide for the Change Grow Live Core MAT service.

Accurate and complete data collection and recording relating to the Core MAT service is vital to ensure the entire healthcare team looking after the individual has access to the same up-to-date information.

Interoperability of PharmOutcomes with Change Grow Live systems means that information recorded by community pharmacies providing the Core MAT Service will integrate directly into the service user clinical record. This will drive the quality of care and treatment provided and enable us to identify and action more targeted support which the individual person needs as part of their treatment and recovery journey.

By utilising PharmOutcomes for data collection and communication between Change Grow Live services and pharmacies, this streamlines the way we work together and helps us to do things better.

Please use this guide to help you with capturing the important information we need to best support the people who use our services.

Registration for all CGL MAT clients

Please ensure you are enrolled as a practitioner before entering any data.

1. Enter the name or registration number of the practitioner providing the service and select the correct option from the list.
 - a. If practitioner registration is required, select the "new practitioner" option, and complete the required steps.

The commissioner requires that the individual delivering this service meets certain criteria. Enter either your **name** or **registration number** in the box below and select from the list that appears.

Practitioner Name

**Enter your full name in the box above...
Then either select your name when it appears,
or select "New Practitioner" if you have not enrolled before**

2. The registration date box will auto-populate with today's date. An alternative date can be selected using the dropdown calendar if needed.

Registration date

Name

Date of Birth

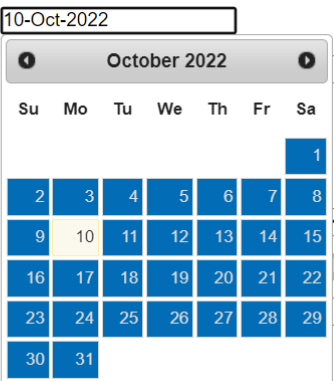
Gender

Ethnicity

Postcode

Address

NHS Number



3. Search for the person via the Personal Demographic Service (PDS) by entering either the requested personal details, or their date of birth and NHS number:

Patient Identifiable section

Patient Lookup via the Personal Demographic Service (PDS)
More information about PDS (opens in new tab).

The commissioner of this service **requires** that the PDS service is used to attempt to verify patient details **at least once**.

Search by patient NHS Number

Please provide a minimum of the patient's Date of Birth, Sex and Last Name. Press 'Lookup via PDS' to try and find the patients details:

Date of Birth
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Sex Male Female

Family Name
Last Name

Given Name(s)
First Name or names

Postcode

Lookup via PDS

Patient Identifiable section

Patient Lookup via the Personal Demographic Service (PDS)
More information about PDS (opens in new tab).

The commissioner of this service **requires** that the PDS service is used to attempt to verify patient details **at least once**.

Search by patient details

Please provide a minimum of the patient's Date of Birth and NHS Number. Press 'Lookup via PDS' to try and find the patients details:

Date of Birth
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

NHS Number
The patient's verified NHS Number

Lookup via PDS

4. Once the persons details are entered, click the "Lookup via PDS" button. The persons details will be populated. Confirm the correct person has been identified by clicking "Confirm patient."

Please confirm the above details with the patient and press "Confirm Patient" if they are correct. If they are incorrect, please amend the search criteria and try again. You can also fill in the patient details manually instead of using the PDS service.

Incorrect Patient
Confirm Patient

5. Where known, record the name of the service users keyworker so a named contact is identified.

Please record the name of the clients keyworker

Keyworker

6. Save the completed entry to complete the registration process.

CGL MAT – Missed or late collection

Please ensure you are enrolled as a practitioner and the service user has been registered on PharmOutcomes before entering any data.

This is to be completed for everyone receiving MAT treatment who collects a dose late or misses a dose. This information must be recorded accurately for every instance on PharmOutcomes:

- to allow the prescribing service to intervene and provide support to the individual at critical times in their treatment.
- to ensure we have up-to-date information about the persons adherence to their medication which helps to inform their treatment plan, manage risk, and improve the care we provide.
- within 1 working day of the late or missed dose.

Please note: the need to report activity relating to individual supervised doses for each day has been removed.

When 3 doses have been missed consecutively, no further doses should be dispensed. The prescribing service should be contacted for medication to be restarted.

If a service user is on a titration prescription which specifies to contact the prescriber if a titration dose is missed, please ensure this is actioned before supplying the next dose.

1. Enter the name or registration number of the practitioner providing the service and select the correct option from the list.
 - a. If practitioner registration is required, select the “new practitioner” option, and complete the required steps.

The commissioner requires that the individual delivering this service meets certain criteria. Enter either your **name** or **registration number** in the box below and select from the list that appears.

Practitioner Name

Enter your full name in the box above...
Then either select your name when it appears,
or select "New Practitioner" if you have not enrolled before

2. The reporting date box will auto-populate with today's date. An alternative date can be selected using the dropdown calendar if needed.

Reporting date

Client name

Medicine type

Methadone

Buprenorphine

Morphine

Other

Collection details

Notification reason

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

3. Search for the service user's name and select the correct name and date of birth from the options listed.

Client name

You cannot register new Client name

4. Select the name of the medication on the prescription in the "Medicines type" box.
 - a. For methadone or buprenorphine, select the correct formulation from the sub-menu options.

Medicine type

Methadone

Buprenorphine

Morphine

Other

Type

Methadone liquid

Physeptone liquid

Methadone tablets

Methadone ampoules

Medicine type

Methadone

Buprenorphine

Morphine

Other

Type

Buprenorphine SL

Subutex

Espranor

Suboxone

- b. For "other" medication, enter details of the medication name and formulation into the box.

Medicine type

Methadone

Buprenorphine

Morphine

Other

5. Select whether the collection instance you are reporting is a missed dose or was collected on a date later than that intended.
 - a. For a missed collection, click the "date of missed collection" box and select the date when the dose was missed on the dropdown calendar.

Notification reason

Missed collection

Late collection

Date of missed collection

Notes

October 2022						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

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- b. For a late collection, click the “date of late collection” box and select the date when the late dose was collected on the dropdown calendar.

Notification reason

Missed collection

Late collection

Date of late collection

Notes

October 2022						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

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6. Please make any relevant notes in the box provided, for example if a reason was provided for the late or missed dose, or if there are any observed patterns relating to dose collection. Any concerns relating to safeguarding should be reported to the prescribing service immediately.

Notes

7. Save the completed entry to complete the missed or late dose record.

CGL monthly supervised/unsupervised dispensing

Please ensure you are enrolled as a practitioner and the service user has been registered on PharmOutcomes before entering any data.

This service should be completed once dispensing for the month has finished.

1. Enter the name or registration number of the practitioner providing the service and select the correct option from the list.
 - a. If practitioner registration is required, select the "new practitioner" option, and complete the required steps.

The commissioner requires that the individual delivering this service meets certain criteria. Enter either your **name** or **registration number** in the box below and select from the list that appears.

Practitioner Name

**Enter your full name in the box above...
Then either select your name when it appears,
or select "New Practitioner" if you have not enrolled before**

2. The provision date box will auto-populate with today's date. An alternative date can be selected using the dropdown calendar if needed.

Provision Date

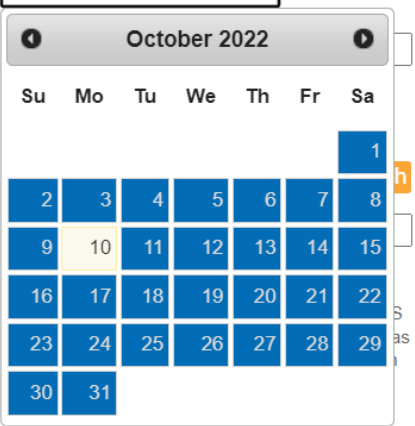
Name

Date of Birth

Postcode

Address

NHS Number



3. Search for the person via the Personal Demographic Service (PDS) by entering either the requested personal details, or their date of birth and NHS number:

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Search by patient NHS Number

Please provide a minimum of the patient's Date of Birth, Sex and Last Name. Press 'Lookup via PDS' to try and find the patients details.

Date of Birth
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Sex Male Female

Family Name
Last Name

Given Name(s)
First Name or names

Postcode

Lookup via PDS

Patient Identifiable section

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Search by patient details

Please provide a minimum of the patient's Date of Birth and NHS Number. Press 'Lookup via PDS' to try and find the patients details:

Date of Birth
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

NHS Number
The patient's verified NHS Number

Lookup via PDS

4. Select the name of the medication on the prescription in the “Medicines type” box.
- a. For methadone or buprenorphine, select the correct formulation from the sub-menu options.

<p>Medicine type</p> <p><input checked="" type="radio"/> Methadone</p> <p><input type="radio"/> Buprenorphine</p> <p><input type="radio"/> Morphine</p> <p><input type="radio"/> Other <input type="text"/></p> <p>Type</p> <p><input type="radio"/> Methadone liquid</p> <p><input type="radio"/> Physeptone liquid</p> <p><input type="radio"/> Methadone tablets</p> <p><input type="radio"/> Methadone ampoules</p>	<p>Medicine type</p> <p><input type="radio"/> Methadone</p> <p><input checked="" type="radio"/> Buprenorphine</p> <p><input type="radio"/> Morphine</p> <p><input type="radio"/> Other <input type="text"/></p> <p>Type</p> <p><input type="radio"/> Buprenorphine SL</p> <p><input type="radio"/> Subutex</p> <p><input type="radio"/> Espranor</p> <p><input type="radio"/> Suboxone</p>
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- b. For “other” medication, enter details of the medication name and formulation into the box.

Medicine type

Methadone

Buprenorphine

Morphine

Other

5. Select the month of dispensing and/or supervised consumption to which the record relates using the dropdown menu:

Month of dispensing/supervision

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

6. Select whether supervised consumption has been provided or not at any time during the month:

Supervised consumption Yes No

- a. If supervised consumption has been provided, enter the number of doses which have been supervised this month. (Note: each instance of supervised consumption attracts an activity fee)

How many supervisions were conducted this month?

Number of supervisions

this month

7. Confirm that all missed doses or late collections have been reported using the "CGL MAT – Missed or late collection" service on PharmOutcomes.

Were all missed Yes No
doses/late collections
reported?

- a. If 'No' is selected, a message will be displayed to remind you to ensure all missed doses and late collections are reported using the "CGL MAT – Missed or late collection" service on PharmOutcomes.

Missed/late doses
Please ensure all missed doses and late collections for this month have been reported [here](#)

8. Select the correct option to record whether 10 or more days medication has been dispensed to this service user this month. (Note: all instances of dispensing medication to cover at least 10 days attracts the monthly fee)

Have you dispensed at least ten days worth of medication for this Service User this month?

10 or more days Yes No

9. Save the completed entry to complete the monthly dispensing record.
10. If there has been a drug change within the month, please submit a separate claim for each drug.
11. Only one monthly claim should be submitted per patient for each drug they are prescribed.

Please ensure only one monthly claim is submitted per patient for each drug they are prescribed

Annual Pharmacist Review

Please ensure you are enrolled as a practitioner and the service user has been registered on PharmOutcomes before entering any data.

1. Enter the name or registration number of the practitioner providing the service and select the correct option from the list.
 - a. If practitioner registration is required, select the "new practitioner" option, and complete the required steps.

The commissioner requires that the individual delivering this service meets certain criteria. Enter either your **name** or **registration number** in the box below and select from the list that appears.

Practitioner Name

Enter your full name in the box above...
Then either select your name when it appears,
or select "New Practitioner" if you have not enrolled before

2. The provision date box will auto-populate with today's date. An alternative date can be selected using the dropdown calendar if needed.

Provision Date

Client name

Consent for service

Does service user consent to an Annual Pharmacist Review?

Consent: Yes No

Consent given Consent not given

3. Search for the service user's name and select the correct name and date of birth from the options listed.

Client name

You cannot register new Client name

4. Ask the service user for consent to conduct the Annual Pharmacist Review. Record whether consent is given or not given.

Consent for service

Does service user consent to an Annual Pharmacist Review?

Consent: Yes No

Consent given Consent not given

- a. If consent is not given, end the review process and complete the service to record that an Annual Pharmacist Review was attempted.

**Please save this form to record that the Annual Pharmacist Review
has been offered**

5. If consent is given to conduct the review, then gain consent to share data for the information obtained during the Annual Pharmacist Review to be passed to CGL. Record whether consent is given or not.


Consent

If you give consent for data sharing, the information you provide will be passed to: CGL.

For reporting results to CGL

Consent to share: Yes Consent to share given

No Consent to share **not** given


This consent is required to complete the provision.

- a. If consent is given to share data with CGL, proceed with the Annual Pharmacist Review.
- b. If consent is not given, end the review process and complete the service to record that an Annual Pharmacist Review was attempted.

Conducting the Annual Pharmacist Review

6. Ask the service user for consent to access their NHS Summary Care Record. A link will appear for you to access the SCR if the service user gives consent. (This may help you to conduct the review)

Consent for service

Does the Service User Consent to SCR access (this information may help in the review)?

Consent: Yes Consent given

No Consent **not** given

Please continue with the review and ask the service user to provide information to the questions asked

Summary Care Record

- If the service user declines consent to view their Summary Care Record continue with the review and ask appropriate questions to gain information on current medication taken, both prescribed and OTC, dosages, and allergies.
- Discuss with the service user if they have any allergies to any medication and select the appropriate response. If they do suffer with allergies please note in the box.

Are you allergic to any medication?

Yes
 No

Please provide details

Please do not enter patient identifiable information

- Discuss with the service user if they have suffered with any adverse drug reactions in the past and select the appropriate response. If they have suffered with any adverse drug reactions, please note in the box.

Have you suffered any Adverse Drug Reactions?

Yes No

If yes, please provide details

Please do not enter patient identifiable information

- Confirm with the service user their current MAT prescribed medication and dosage. Select the drug from the dropdown menu and enter the dose currently being taken.

Current MAT Drug Prescribed

Doses

- Discuss with the service user their adherence to their MAT medication and select the appropriate response. Note how many doses have been missed in the last 28 days. Document if there are any patterns to their missed collections and if there are any reasons for them not being adherent in the note box.

Is the service User Adherent to their prescribed MAT?

Adherent to their prescribed MAT?
 Yes
 No

Over the last 28 days how many doses have not been collected/taken? Is there any pattern to missed doses? (i.e. missing every 2 days, missing every other day, missing regular days in the week). What are the reasons for this? E.g. side effects, using illicit drugs on top, difficulty taking

Please state reasons

Please do not enter patient identifiable information

12. Discuss with the service user if they would like support to improve their adherence and if so, provide details in the note box. Please include your professional opinion also.

Is there any support they would like to improve their adherence?

Support required?
 Yes
 No

What support would they like?

Please do not enter patient identifiable information

13. Check if the service user is on an optimal MAT dose. For Methadone this is between 60-120mg and for buprenorphine (including Espranor) this is between 12-16mg.

If the service user is on a sub-optimal dose, ask the service user if.

- a. they are using any illicit drugs on top of their MAT medication or
- b. they are stable on a sub-optimal MAT dose/or currently on a planned reducing dose with no illicit drug use.

Is the Service User on an optimal MAT Dose? (For Methadone this is 60-120mg, buprenorphine 12-16mg)

On an optimal MAT Dose?

Yes

No

If no, is the Service User using illicit drugs on top?

Illicit drugs on top?

Yes

No

Is the Service User stable on a sub-optimal dose with no on top illicit drug use, or on a reducing dose?

Yes

No

14. Using feedback from the service user and your professional opinion, select if there is anything we can do to help support the person with optimising their MAT medication and dose, and if so, provide details in the note box.

Is there any support they would like regarding their MAT medication and dose

Yes

No

If yes, please give details

Please do not enter patient identifiable information

15. Check with the service user what other medication they are currently taking. It may be helpful to have access to the Summary Care Record.

For each medication taken (including OTC):

- ✓ Confirm the medication name and dose. Commence typing the drug name and a list should appear to select the required drug and enter the dose.

Other Current Medication and Adherence

What medications are you currently prescribed? (including OTC)

Bendroflumethiazide 2.5mg tablets 28 ta

Dose

- ✓ Check the service users understanding of why they are taking this medication and select the appropriate response. Note the service users understanding of why they are taking this medication in the note box. Where the service user is unsure, provide this information and note in the box. If you provide any other

advice regarding the medication e.g. how to take correctly, please also note in the box provided.

Does the service user understand why they are taking this medication?	
Reason for taking medication understood?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
Service users understanding as to why they are taking this medication and/or Pharmacist advice provided?	
Understanding	<input type="text"/>
<small>Please do not enter patient identifiable information</small>	

- ✓ Discuss with the service user if they are adherent to this medication.
 - a. If they are not adherent to the medication explore any reasons for this and note in the box provided. If you provide any advice regarding improving adherence also note that in the box.

Adherent	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
If not adherent, what are the concerns/barriers? E.g. Side-effects/difficulty taking their medication etc	<input type="text"/>
<small>Please do not enter patient identifiable information</small>	

- ✓ Repeat this process for each medication they are currently taking.

2nd medicine to be recorded?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Please enter 2nd medicine	<input type="text"/>

16. Having looked at the current medication being taken if in your professional opinion there are any contra-indications, please document in the note box.

Are there any contra-indications with current medications being taken?	
Any contra-indications?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
If yes, please give details:	<input type="text"/>
<small>Please do not enter patient identifiable information</small>	

17. In your professional opinion if there are any drug interactions, please document in the note box.

Are there any drug interactions with current medications being taken?

Any drug interactions?

Yes
 No

If yes, please give details:

Please do not enter patient identifiable information

18. If any serious/urgent concerns arise about any prescribed medication these should be communicated directly with the appropriate prescriber.

19. Check if the service user has a naloxone kit which is in date, and that they know how to use it.

a. if they have a kit, select “yes”.

b. If they do not have a kit, select “no” and either train and supply in the pharmacy and select “yes” (if commissioned to do so), or if not supplied select “no” and refer to their treatment service or a commissioned pharmacy. Select the appropriate option.

Does the Service User have a Naloxone kit?

Yes
 No

If no, has the service user been trained and supplied by the Pharmacy?

Trained and supplied?

Yes
 No

Has the service user been referred to alternative Pharmacy/CGL Service?

Pharmacy
 Service
Please Tick one

20. Check if the service user has a safe storage box to securely store their MAT medication.

a. if the service user has a safe storage box select “yes”

b. If the service user does not have a safe storage box select “no,” please refer them to their CGL Service where a supply can be made and select “yes” in the referral box .

<p>Does Service User have a Safe Storage box?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Please refer to local CGL Service</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

21. Where appropriate, discuss lifestyle factors such as smoking status, alcohol consumption, and diet. Select whether a discussion has taken place.

a. Document the advice that was given to the service user in the note box.

<p>Have you offered healthy living advice?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>What advice was offered?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Please do not enter patient identifiable information</p>

b. If required, offer pharmacy services or signpost to services which can support the person with their lifestyle. Select the correct option and add any relevant comments in the note box.

c. If not required, select "none of the above" and add any relevant comments.

<p>Was the service user signposted further?</p> <p><input type="radio"/> Offered relevant Pharmacy Services?</p> <p><input type="radio"/> Signposted or referred to additional Services?</p> <p><input type="radio"/> None of the above</p>
<p>If offered relevant Pharmacy Services, referred or signposted/referred to additional services, please give details</p> <p>Details</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: right; font-size: small;">Please do not enter patient identifiable details</p>

22. Give the person the opportunity to discuss anything else.

a. If they wish to discuss anything, select "yes," and record any relevant notes or actions.

b. If there is nothing further to discuss, select "no."

<p>Is there anything else the service user wishes to discuss</p> <p>Anything else</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Pharmacist comments</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: right; font-size: small;">DO NOT INCLUDE patient data</p>

23. Save the completed entry to complete the Annual Pharmacist Review record.

24. Consider recording completion of the Annual Pharmacist Review on the service users PMR.