

Coping with a large demand for CDs

The Shipman Inquiry is currently examining the use and monitoring of Controlled Drugs in the community. **Clare Bellingham** finds out how one pharmacist in Aberdeen is using novel systems to deal with a high demand for Controlled Drugs

The highest number of methadone patients that pharmacist Stuart Notman has dispensed for in a day is 206. He averages somewhere between 160 and 170 "but we often have a surge", he says.

It is not just the large number of methadone patients he has, but also his approach that is unusual. With the Shipman Inquiry expected to recommend new regulations for Controlled Drugs this summer, Mr Notman's practice might reflect some of the ways of working that other pharmacists will have to adopt. He has applied an impressive level of technology in order to cope with the demands of dispensing this amount of methadone. Although methadone makes up a large part of Mr Notman's regular trade (at least 50 per cent of his NHS income), he has not specialised completely. "It is mainly methadone, but we do everything else too."

Mr Notman explains how his business has evolved. He bought his pharmacy in Aberdeen in 1990 and, at that time, it was opposite the main office of a hydroelectric plant. "It was busy, with plenty of passing trade and lots of shops in the street," he explains. That changed when the electric plant closed. "Overnight there was no one around anymore," he says. This coincided with the local introduction of a shared care scheme for addiction in 1998 and Mr Notman was happy to become involved. "At that point I had about 30 addicts," he says. "The pharmacies were all asked to suggest an upper limit to the number of addicts they could take. Some shops used this as an opportunity to downsize. But I decided to try to take it forward and said the maximum we could take was 100. I never seriously thought that it would reach that number." As nearby pharmacies reached their self-selected capacities of 15 to 20 addicts, Mr Notman found his numbers increasing.

Technological innovation

As the number of patients increased, the pharmacy systems evolved. Initially, Mr Notman used a paper-based system to track each prescription and the person collecting it. A grid was used to mark if people missed more than three days' treatment. Then times of collection were added. This evolved into a computerised database of all the prescriptions. Each patient record now contains the doctor's details, the serial number of the prescription, the start and finish date of the prescription, how often the methadone should be dispensed, whether the methadone is to be consumed on the premises, the dose and total volume of methadone to be dispensed, the number of dispensings and the number of in-pharmacy consumptions. It also matches new



Stuart Notman with methadone bottles

prescription data with old prescriptions to ensure that their dates are continuous.

In 2001, Mr Notman introduced bar coding. Patients are given a unique bar code. The bar codes are printed on bottle labels. Each patient's methadone is dispensed in bottles that never leave the dispensary: the methadone is poured into a cup and given to the patient to consume in the pharmacy. Photographs can be added to the label to confirm a patient's identity. When patients come to get their methadone, the bottle label is scanned. This information is fed into a computer that records the patient's name, the quantity supplied, and the time and date it was collected. This is matched with the patient's prescription record which is updated accordingly. Sunday doses are dispensed on Saturdays in standard bottles to take away.

At the end of the day, any doses not collected are scanned into the computer so that a record of the non-attenders is produced. A print-out of the doses collected is made and stuck into a bound CD register: Mr Notman is exempt from having to hand write the CD register. "The CD register alone used to take three hours every day," he says. So, some years ago, he got agreement from the Home Office, a Royal Pharmaceutical Society inspector and the Scottish pricing bureau to computerise the system.

In the dispensary, Mr Notman uses methadone pumps. It took some time to find a manufacturer who could produce pumps that offered variable volumes, good accuracy and could cope with a sugary mixture. But eventually he found one and now, in the Lothians area, they are issued to all pharmacies that dispense large amounts of methadone regularly. "The pumps are more accurate than glass measures, being accurate to within 0.08 per cent," says Mr Notman.

The inevitable question is, what happens if the computer crashes? First, says Mr Notman, he has the whole system backed up on a laptop. He also has a back-up copy of the computer program on a CD-ROM so that can be plugged into another machine.

But if all this fails, then there is always a paper-based system. Forms are stored in the pharmacy, just in case. "I can go back to the paper system because that is what the computer system came out of," he says.

Mr Notman has rules with which any person wishing to obtain methadone from the pharmacy has to agree. No shouting, swearing, loitering or shoplifting are just the basics. If patients miss doses then their doctor is informed. All patients have their photographs taken with a digital camera to be used for reference when methadone is dispensed. "I can e-mail them to the doctor to check it is the right person too," he adds. Since the pharmacy's latest computer system was installed in 2000, the pharmacy has had 1,138 different methadone patients. "There is no way we could remember them all without photographs," he says. Video cameras cover every inch of the pharmacy. These record the time and date so there is never a dispute over whether someone has collected their methadone or not. It is not always patients trying to beat the system: some genuinely forget that they have collected their dose. The pharmacy has numerous security measures including strengthened windows and doors, metal bars, steel shutters, a trip step into the dispensary and an alarm.

Future planning

Could these systems be implemented elsewhere? "We have had visits from representatives of three health boards in Scotland," says Mr Notman. "The problem is finding pharmacists who are prepared to take on this number of methadone patients." He has seen this in his own pharmacy when trying to get locums. Luckily he found a pharmacist who now works regular part-time hours for him as well as providing holiday cover. But Mr Notman enjoys his work. "I prefer our group of patients to so-called 'normal' patients. They are less hassle." He adds that as the number of patients has grown, it has got easier. "There seems to be an element of self-policing; they don't want there to be a problem because of the danger that we will throw everybody out and they would have to find somewhere else to get their methadone."

One of the reasons for Stuart Notman's success is that he never stops evolving his business. He has just started training to become a supplementary prescriber and plans to use prescribing to expand the services he offers.

Correction

Methadone pumps have not been issued to pharmacies in the Lothian areas that regularly dispense large amounts of methadone. However, the initiative is currently being considered.