[A qr code on a white background

Description automatically generated](https://www.buvidal.co.uk/prescribing-information.html)

Please note: Remove QR code and associated text when tailoring for local use

For Prescribing Information and Adverse Event reporting click or scan QR code

Agreement

Buvidal (prolonged-release buprenorphine solution for injection) – GP Shared Care

Our thanks go to NHS Dumfries and Galloway and Cardiff and Vale University Health Board for their support in developing this document.

UK-BUV-2400208, Feb 2025. Please note, this date and code only relates to the master template and must be removed before being adapted.

This agreement is in place between [drug treatment service] and [primary care provider].

This agreement is effective from [insert date]

Review date [insert date]

Expiry date [insert date]

This sample template has been provided by Camurus in word format to enable services to edit and adapt based on local requirements and policies.

This sample template has been developed in consultation with established providers – it must be tailored before local use.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Service description and background | | | | | |
|  | Treating patients who are dependent on opioids in a primary care setting provides more opportunities to access mainstream health services. Primary care is ideally placed to provide treatment for substance use and its associated problems such as tackling health inequalities.  The provision of long-acting injectable buprenorphine (LAIB) services through GP Shared Care aims to support high quality care and choice to patients being treated for opioid dependence within a framework of medical, social and psychological treatment. Buvidal (prolonged release buprenorphine solution for injection) administration is restricted to healthcare professionals only. This is because prescribing, dispensing, and patient follow-up visits with clinical monitoring is tailored to the patient's needs. Consequently, take-home use or self-administration of this medicine is not permitted within the license.  Buvidal is available in weekly and monthly depot injections with flexible dosing that can be increased or decreased as needed.  This Joint Responsibility Agreement (JRA) defines the responsibilities of [drug treatment service] and [ primary care provider] to ensure continuity of high quality care for patients.  This agreement aims to define the role of primary care and the drug treatment provider in this collaboration. Effective communication between the partners involved in each patient’s care plays an important part in the effective delivery of this service. | | | | | |
| 2 | Aim of service | | | | | |
|  | The aim of this service is to offer administration of Buvidal in primary care to:   * Enable GPs to deliver a broader range of opioid substitution therapies * Reduce the pressure on and potentially increase the capacity of, the drug treatment service * Provide care closer to patients' communities and reduce travel time / cost of attending central locations * Ensure the patient is being treated in the most appropriate health care setting to support their recovery | | | | | |
| 3 | Agreement & sign-up process | | | | | |
|  | Prior to agreeing to this service and signing of this agreement, the primary care provider should ensure the following:   * Risk assessment has been carried out * Relevant SOPs are in place [please list SOPs] * Relevant training has been delivered/planned [please list training to be undertaken] * Sufficient staffing is in place to support this service and a continuity plan in place to ensure the longer term sustainability of the service * Ensure capacity of relevant HCPs and support staff | | | | | |
| 4 | SERVICE RESPONSIBILITIES | | | | | |
|  |  | **Responsible party (may be both)** | | | | |
| **Responsibility** | Primary Care Provider | | Drug Treatment Service | | |
| Ensure compliance with all aspects of this agreement |  | |  | | |
| Arrange and facilitate transfer of prescribing responsibility on the date agreed between patient, primary care and secondary care |  | |  | | |
| Provide primary care with all relevant patient information including medical history and current medication |  | |  | | |
| Ensure that appropriate advice as per the Buvidal Summary of Product Characteristics is always provided to patients |  | |  | | |
| Provide a patient information leaflet prior to initiation. Provide a Buvidal alert card to the patient at time of initiation onto Buvidal. Advise the patient to present to any medical professional from whom they seek help. |  | |  | | |
| Initiate treatment with Buvidal and stabilisie patients on optimal dose |  | |  | | |
| If required, administration of supplemental dose of Buvidal based on a patient's temporary needs |  | | |  | |
| Ensure patient is aware of date and time of their next appointment for their Buvidal injection |  | | |  | |
| Ensure patient is aware of date and time of their next review with secondary care |  | | |  | |
| Offer psychosocial support to patients. If declined, ensure available as and when needed |  | | |  | |
| Ensure patient knows how to contact their recovery worker in between appointments |  | | |  | |
| Urgent review of patient as requested by primary care provider |  | | |  | |
| Primary care review of patients every X weeks |  | | |  | |
| Secondary care review of patients every X months |  | | |  | |
| Maintain an accurate register of patients |  | | |  | |
| Ensure patient has an individual management plan and update at X interval |  | | |  | |
| Maintain adequate records of the performance and result of the service provided, incorporating information from other local providers involved in the care of patients, as appropriate |  | | |  | |
| Clear pathway back into secondary care if needed or requested by primary care |  | | |  | |
| Ensure all staff involved in the care of patients under this agreement have had the appropriate training in line with local policies |  | | |  | |
| If sourcing Buvidal from the Community Pharmacy, ensure appropriate SOP is in place |  | | |  | |
| If storing controlled drugs onsite, ensure compliance with the legal requirements for controlled drug storage as per SOP |  | | |  | |
| Ensure service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age |  | | |  | |
| Ensure patients are treated with dignity and respect and care is delivered in a non-stigmatising, non-judgmental manner |  | | |  | |
| Ensure all staff are fully conversant with the principles of the Service and their designated roles and specific responsibilities in providing the service |  | | |  | |
| Notify secondary care provider of missed appointments | |  | | |  |
| Ensure patient feedback is captured to monitor how the service is performing | |  | | |  |
| **IF YOU SUSPECT AN ADVERSE REACTION HAS OCCURRED, PLEASE DO NOT GIVE ADDITIONAL DOSES. CONTACT THE SPECIALIST AT THE DRUG TREATMENT SERVICE.**  Any potential adverse reaction to Buvidal, or serious reaction must be reported to the DTS and the Medicines and Healthcare Products Regulatory Agency (MHRA) via the “Yellow Card” scheme.  **Adverse events should be reported. Reporting forms and information can be found at**  [**www.mhra.gov.uk/yellowcard**](http://www.mhra.gov.uk/yellowcard) **(or search for MHRA Yellow Card in the Google Play or Apple App Store).**  **Adverse events can also be reported to Camurus AB via email:** [**safety@camurus.com**](mailto:safety@camurus.com) | | | | | |
| 5 | Scope of JRA | | | | | |
|  | Communication between DTS and Primary Care | | | | | |
|  | Detail communication channels between DTS and Primary Care, identify lead from each party and provide contact details. | | | | | |
|  | Contact with patient | | | | | |
|  | Provide details of who is responsible for sending patient reminders, how many should be sent and time frames | | | | | |
|  | Missed Appointments | | | | | |
|  | Provide details of who is responsible for contacting patient if they failed to turn up for their appointment and how this should be managed | | | | | |
| 6 | Withdrawal from JRA | | | | | |
|  | Provide notice period for withdrawing from this service (both parties) | | | | | |
| 7 | Renumeration & ordering of Buvidal | | | | | |
|  | Provide details of the ordering process into primary care  Provide details for remuneration and administration fees (to be agreed between DTS, Primary Care and Payor) | | | | | |
| 8 | Performance management & service quality | | | | | |
|  | Add in KPIs agreed between each party and review period | | | | | |
| 9 | Confidentiality | | | | | |
|  | Include local guidelines | | | | | |
| 10 | Indemnity | | | | | |
|  | Include local guidelines | | | | | |
| 11 | Contact details & emergency contacts | | | | | |
|  | Include local details | | | | | |

**Appendix A**

**Sample referral letter for continuation of Buvidal treatment - to be adapted to local needs / systems.**

Dear [Primary Care Provider]

Patient name:

Date of birth:

This patient is suitable to receive treatment with Buvidalfor the treatment of opioid dependence in primary care.

Treatment was started on [insert date started].

Last injection was given on [insert date], dose [insert dose], site [insert site where injection was given].

Next injection is due on [insert date], dose [insert dose].

Next review within [DTS]: [date]

You will be sent a written summary within 14 days. [Dr] at [DTS] is available to provide additional information should you require. The patient will continue to be managed by [staff name] at [DTS] for regular reviews along with social and psychological support while receiving Buvidal.

Thank you.

*Signature Date*

Prescriber name