

Meeting: Strategic Commissioning Board			
Meeting Date	07 December 2020	Action	Approve
Item No	10	Confidential / Freedom of Information Status	No
Title	Supervised Consumption – proposed changes		
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Council Lead	Cllr Andrea Simpson Chair of the Health and Wellbeing Board		

Executive Summary

A key element of supporting individuals with substance misuse is the provision of supervised consumption (of opiate substitution medication) through pharmacies. As a result of COVID supervised consumption has changed from mostly daily to almost exclusively weekly pickups of medications.

Pharmacies who receive payments for supervised consumption have been supported through these changes which have resulted in significantly reduced activity and income. Pharmacies have received average pay for the months of April to June based on national guidance.

It is proposed we continue to fund pharmacies on average monthly payments based on historical supervised consumption data until 31st December 2020. Then from the 1st January 2021 fund supervised consumption on an activity basis in line with Greater Manchester (GM).

This will result in significant savings to Bury Council, and will reduce existing budget pressures within the substance misuse budget by approximately £20,250 for 20/21, and £40,500 annually after that.

It is also proposed that going forward supervised consumption would continue to adhere to NICE guidance. This would mean all new service users are placed on daily supervised consumption for the first 12 weeks, then if and when it is safe to do so, seek to progress service users on to less frequent medication picks ups as part of their recovery.

In addition this will align with the GM approach.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Agree to continue to pay the average of the previous 6 months spend on supervised

consumption to pharmacies until the 31st December 2020 – after which agree to fund supervised consumption on an activity only basis from January 1st 2021.

- Agree to continue to deliver supervised consumption in line with NICE guidance (<https://www.nice.org.uk/guidance/ta114/chapter/1-Guidance>), so all new service users go on to daily supervised consumption for the first 12 weeks, then if and when it is safe to do so, seek to progress service users on to less frequent medication picks ups as part of their recovery.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?	Health and Wellbeing is a priority within the LP					
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce	This will potentially reduce the need for daily					

Implications						
health inequalities?	travel to pharmacies for some service users and potentially open up job / life opportunities to those with substance misuse issues who currently have to attend pharmacies on a daily basis.					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None at this stage					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
	01/10/2020	

Supervised Consumption

1. Introduction and Background

1.1 A key element of supporting individuals with substance misuse is the provision of supervised consumption through pharmacies. Supervised consumption is when individuals who are opioid dependent regularly attend pharmacies to receive opioid substitution medication (usually methadone or buprenorphine). This is an important service provided by pharmacies to target misuse of illicit substances and prevent withdrawal symptoms and reduce risk to the patient. Before deciding to prescribe, a full assessment of the patient will be undertaken by the clinician in combination with the substance misuse service. A care plan will then be put in place and agreed with the patient and they will be assigned to a pharmacy.

1.2 Since the start of the lock down in March 2020 daily supervised consumption rates have fallen dramatically. This is a result of service users complying with social distancing, shielding and isolation and in response to availability of this service in community pharmacies and new working practices. This has been achieved predominantly through reduced daily supervised consumption in a move to weekly pickups of medication (to avoid face to face contacts). As part of the transition safe boxes (to store medications) and naloxone (a drug to be used in the event of overdose) have been issued as part of the adapted response to ensure safety.

1.3 There were initial concerns that providing weekly medications rather than providing daily doses may have additional risks i.e. service users may use all the drugs at one time increasing the risk of overdose and Drug Related Deaths (DRDs). As part of the new way of working the drug related incidents have been monitored closely through the number of DRD's. A summary of the numbers of DRD's for Bury residents is outlined in table 1 below

Table 1.

Number of deaths per month 2020		
April	=	12
May	=	15
June	=	7
July	=	20
August	=	9
Total	=	63
Number of deaths per month 2019		
April	=	12
May	=	13
June	=	11
July	=	15
August	=	8
Total	=	59

(Provided by from Greater Manchester Mental Health Trust (GMMH), October 2020).

As can be seen in table 1 apart from an increase in July (which following further investigating appears to be an anomaly with no clear reason) there seems to be no significant change in numbers of DRDs over the whole period (63 in 2020 Vs 59 in 2019). This small increase over the period is in line with usual year to year variation.

1.4 As part of the adapted working practices the substance misuse service have been monitoring physical and psychological impacts on service users. To date there has been no ongoing negative implications to patient outcomes as a result of the change in practices and the situation continues to be reviewed on an ongoing basis. Case workers have continued to engage with service users to get insight into their experience over this period. A summary of feedback obtained from case workers and service users is outlined below in figure 1.

Fig 1. Case worker and service user feedback

FW's client expressed to him that he was nervous when he first went on weekly pick up with no supervision, But in no time at all he started to feel as though he had been given some responsibility, which in turn made him feel more invested in his recovery. He still remains unsupervised and on weekly pick up's as things have gone so well for him regarding his treatment.

RB's client was changed from daily supervised to weekly pickups he struggled, he was abstinent but having cravings and occasionally took some of the following day's methadone to manage the cravings. He asked to go back to daily pickups, which we did, we also increased his daily dose to help with the cravings. He reported feeling much more stable afterwards.

Most of the service users on my caseload much prefer weekly pickups and although some missed pickups (3+ days) there don't seem to be as many as there were when everyone was on daily.

EW's service user commented: "it's a lot easier, I can't walk it up there every day anymore. I get so out of breath it's not funny. Still not touched the brown and only had 4 white this month. Not bad for me".

Another EW's service user feedback: "It's made it a lot easier by not going out as much and I can concentrate on keeping safe"

AF, AOT feedback: The majority of clients I have spoken to prefer weekly dispense and feel able to store their medication safely and take it as prescribed but a couple of clients preferred daily pick up as it was 'a reason to leave the house' and motivation to get up that day.

(Greater Manchester Mental Health Trust, November 2020)

1.5 As part of understanding any potential wider implications, Greater Manchester Police (GMP) were engaged to identify whether the increased number of individuals on weekly medication pickups had resulted in any increase in drug related offences. Following an analysis conducted by GMP they confirmed that locally in Bury the data had not shown any increase in drug related crime or drug related deaths and anecdotally intelligence officers have not seen any increases in the sale of methadone.

1.6 In addition wider conversations have taken place with both the local and regional Local Pharmacy Committees (LPCs). The key concerns from the committees were a lack of engagement in the decisions to changing patients from daily supervised consumption to weekly pickups and where to report concerns should they have them. This feedback was provided to Bury's substance misuse provider GMMH. They have committed to work with pharmacies to provide the opportunities for engagement around treatment decisions. In addition they are looking in to developing a direct line for pharmacies to the service for them to feedback any concerns without having to go through the main service number.

1.7 Prior to COVID Bury council spent approximately £54,000 per year on supervised consumption with community pharmacies. Since COVID the amount of supervised consumption has reduced by around 75% across Greater Manchester. On this basis projected savings to Bury Council would be in the region of £40,500 per year. This money could be used to offset other pressures within the substance misuse budget including the substantial increase in medication costs over the last 18 months.

1.8 The implications for this new way of working are

- Substantially less service users accessing daily supervised consumption in the long term
- Pharmacies who get paid for supervised consumption will potentially see a significant reduction in their incomes from supervised consumption.
- Significant savings to councils who pay pharmacies for supervised consumption as part of the local substance misuse offer

1.9 In line with the national guidance - to ensure the business continuity of local pharmacies a decision was made to pay the equivalent of the average of our supervised consumption spend for October 2019 to March 2020, in May 2020 the equivalent of the average of our supervised consumption spend for November 2019 to April 2020 and in June the average of our supervised consumption spend for December to May. This has meant that to date local pharmacies have not seen an impact on their income. The proposal is that we continue to fund pharmacies based on the average spend until December 31st 2020, after which we would fund on an activity basis.

2 Associated Risks

2.1 There is a potential risk for an increase in drug related deaths due to increased amounts of medication being provided at visits (As demonstrated in table 1 this has not been the case)

2.2 The potential risk that some pharmacists may be heavily dependent on the income of supervised consumption and the business may become destabilised as a loss of income (this is much more relevant for the smaller pharmacies).

3 Recommendations

3.1 In line with Greater Manchester approach to addressing this issue it is recommended

Bury agree to continue to pay the average of the previous 6 months spend on supervised consumption to pharmacies until the 31st December 2020 – after which agree to fund supervised consumption on an activity only basis from January 1st 2021.

3.2 Agree to continue to deliver supervised consumption in line with NICE guidance (<https://www.nice.org.uk/guidance/ta114/chapter/1-Guidance>), so all new service users go on to daily supervised consumption for the first 12 weeks, then if and when it is safe to do so, seek to progress service users on to less frequent medication picks ups as part of their recovery.

4 Actions Required

4.1 Agree to continue to pay the average of the previous 6 months spend on supervised consumption to pharmacies until the 31st December 2020 – after which agree to fund supervised consumption on an activity only basis from January 1st 2021.

4.2 Agree to continue to deliver supervised consumption in line with NICE guidance, so all new service users go on to daily supervised consumption for the first 12 weeks, then if and when it is safe to do so, seek to progress service users on to less frequent medication picks ups as part of their recovery.

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Month and Year September 2020