

Meeting: Strategic Commissioning Board			
Meeting Date	02 November 2020	Action	Approve
Item No	8	Confidential / Freedom of Information Status	No
Title	Supervised Consumption – proposed changes		
Presented By	Lesley Jones – Director of Public Health		
Author	Jon Hobday - Consultant in Public Health		
Clinical Lead	Dr Daniel Cooke		
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 or fortnightly pickups of medications.

No negative patient outcomes have occurred as a result of these changes over the last 6 months.

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 from October 1st 2020 Pharmacies no longer receive average pay and receive payment for activity only in line with Greater Manchester (GM). It is also proposed that these changes to move to a model of weekly and/or fortnightly medication are made permanent.

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.

In addition this will align with the GM approach.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Agree to fund supervised consumption on an activity only basis from October 1st

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 type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" 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 health inequalities?	This will reduce the need for daily travel to pharmacies and potentially open up opportunities to those with substance misuse issues to obtain and hold down jobs.					
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					

Implications						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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
<i>Add details of previous meetings/Committees this report has been discussed.</i>		

Supervised Consumption Payments

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 and a care plan will 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 supervised consumption rates have fallen dramatically as a result of our service users complying with social distancing, shielding and isolation as well as 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 either weekly or fortnightly pickups of medication (to avoid face to face contacts). In addition 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 or fortnightly 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. As part of the new way of working the drug related incidents have been monitored closely through the number of serious untoward incidents and the number of drug related death. To date there has been no negative implications to patient outcomes as a result of the change in practices and the situation continues to be reviewed on an ongoing basis. There has been positive feedback through engagement from service users expressing that by not having to go to the pharmacy daily it has allowed them to get their lives back on track without their days having to revolve around drug pickups.

1.4 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.

1.5 The implications for this new way of working are

- Substantially less service users accessing daily supervised consumption
- 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

1.6 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.

2 Associated Risks

2.1 There is a potential risk for an increase in serious untoward incidents and drug related deaths due to increased amounts of medication being provided at visits (close monitoring over the last 6 months has highlighted this has not occurred and a number of safety measures have been put in place)

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 that Bury continues to pay the average of the previous 6 months spend on supervised consumption to pharmacies until the 30th September 2020, after which pay Bury Council will pay for activity only.

3.2 That Bury moves to a permanent model of weekly/ and fortnightly medication pickups as default rather than daily supervised consumption.

4 Actions Required

4.1 Agree to fund average pay (based on previous 6 months) to pharmacies for supervised consumption up until September 30th 2020, after which to fund activity only payment of supervised consumption costs to pharmacies.

4.2 Agree to move to a model of weekly/ and fortnightly medication pickups as default rather than daily supervised consumption.

Jon Hobday
Consultant in Public Health
j.hobday@bury.gov.uk
September 2020