

Medication Assisted Treatment (MAT) Standards Learning System

Webinar 8

Community Pharmacy as an essential delivery partner in MAT

18 June 2024

11:00am - 12.30pm

Agenda

Time	Agenda Item	Speaker(s)
11:00-11:05	Welcome	Clare Morrison , Director of Community Engagement and Transformational Change, Healthcare Improvement Scotland
11:05-11:20	Impact and Implications of the MAT Standards on Community pharmacy	Adrian MacKenzie , Pharmacy Clinical Lead – MAT Standards, Healthcare Improvement Scotland
11:20-11:35	Realising the Value of MAT and Gaining the Greatest Population Benefits	Tony McDavitt , Director of Pharmacy and Interim Depute Chief Officer, NHS Shetland Chris Miller , Chief Pharmacist for Primary Care, NHS Lanarkshire
11:35-11:45	Q&A	
11:45-11:55	Refreshment break	
11:55-12:10	Moving from the current to future service delivery	Adam Osprey , Policy and Development Pharmacist, Community Pharmacy Scotland
12:10-12:20	Chair's reflections	
12:20-12:30	Q&A and closing remarks	Clare Morrison , Director of Community Engagement and Transformational Change, Healthcare Improvement Scotland

Welcome

Clare Morrison

Director of Community Engagement and Transformational Change
Healthcare Improvement Scotland



Impact and Implications of the MAT Standards on Community pharmacy

Adrian MacKenzie

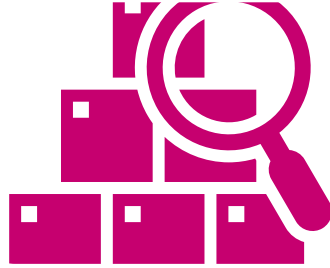
Pharmacy Clinical Lead – MAT Standards

Healthcare Improvement Scotland

Session outline



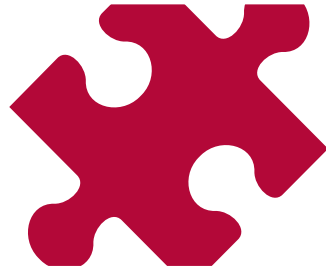
Background to the work



Literature review and
Stakeholder interviews



Cataloguing services



Strategic findings



Key messages and
changes needed

Scope of Report

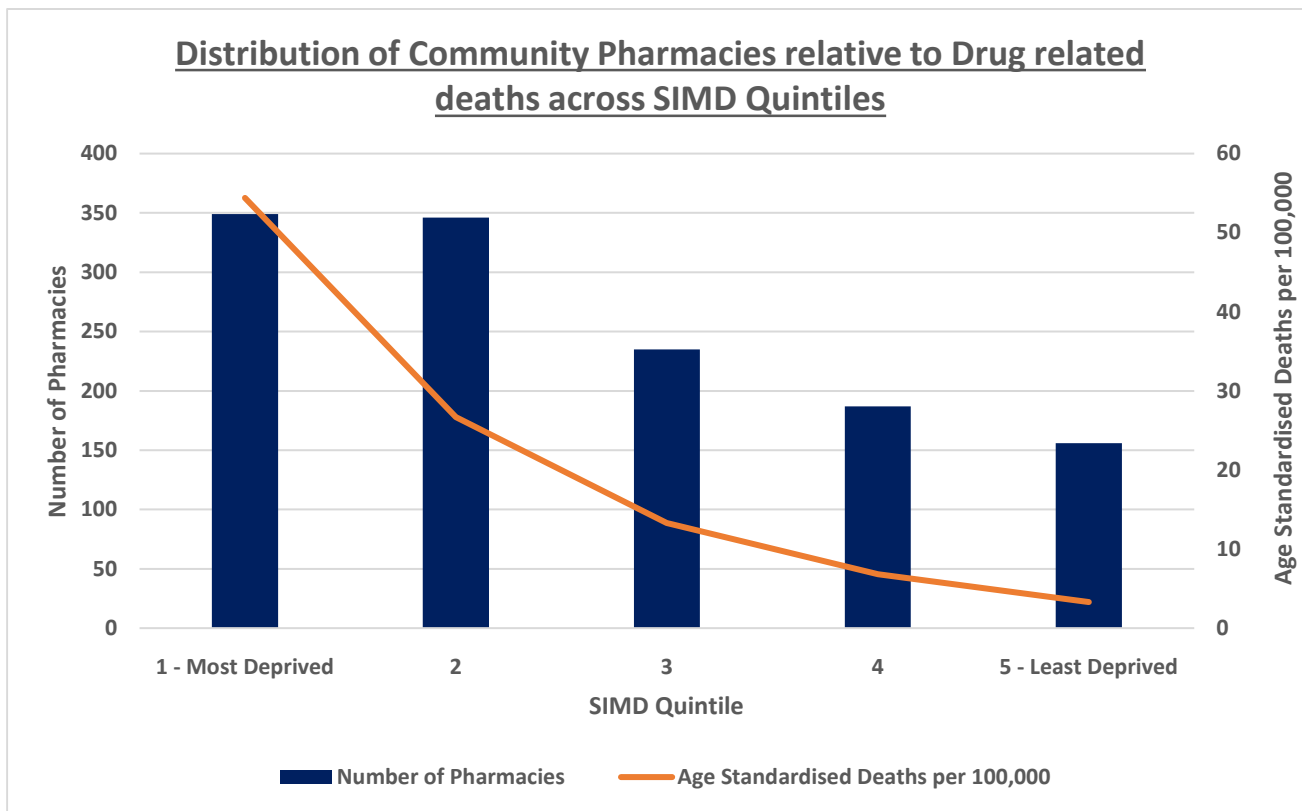


Understand Pharmacy Services



Define Pharmacy Services

Why is Pharmacy important?



Literature review and Stakeholder Interviews



Knowledge and Confidence



Relationships and Engagement



System support and Structures

Connections with LLE and Front-line staff



Location



Relationships



Availability of services

Cataloguing services



'Once for Scotland' approach



Funding



Specialist pharmacy support



Stakeholder input

Strategic Findings



Needs assessments



System mapping



Vision



Consensus

Changes needed



Psychological Support



Integrated Needs Assessments



Information sharing



Strategic alignment



Guideline review

Key Messages

Once for
Scotland

What matters
to me?

Greater
part

Integrated

Funding

Inclusion

Spread

Tony McDavitt

Director of Pharmacy and Interim Depute Chief Officer
NHS Shetland

Why this is work is so important

NEWS

Home Election 2024 InDepth Israel-Gaza war Cost of Living War in Ukraine Climate UK World Bus

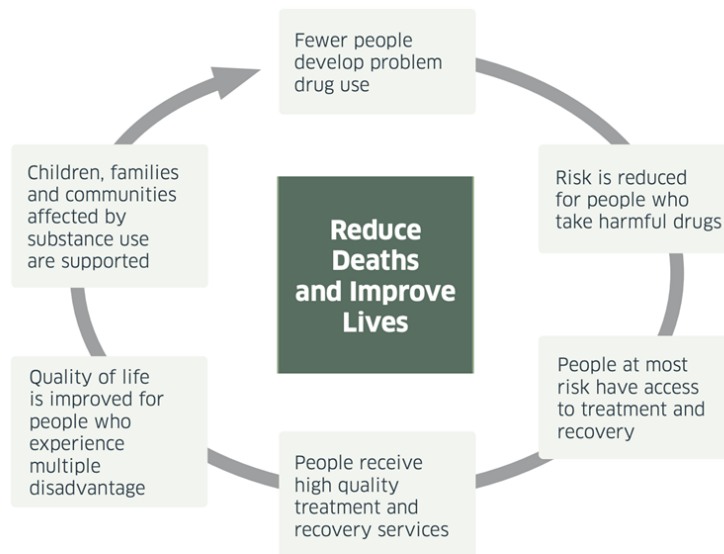
Scotland Scotland Politics Scotland Business Edinburgh, Fife & East Glasgow & West Highlands & Island

Alba

Scottish drug deaths drop to lowest level for five years

© 22 August 2023

< Scotland drug deaths



Cross-Cutting Priorities

Lived Experience at the Heart

Surveillance and Data Informed

Equalities and Human Rights

Resilient and Skilled Workforce

Tackle Stigma

Psychologically Informed

DoP Role: Chief Pharmacist Standards and Responsibilities

Oversight of MAT Programs:

- Ensure MAT services are well governed and safe.
- Monitor and evaluate the effectiveness of MAT services.

Collaboration:

- Work with multidisciplinary teams to integrate pharmacy services clearly into MAT healthcare infrastructure.
- Engage with community organisations to support individuals receiving MAT and to align pharmacy services with the wider DRD activities and population need.
- Effectively commission the right services to meet the needs of local populations

The Value of Community Pharmacy Provided MAT

Delivering care close to people, in their communities, and with high accessibility vs specialist treatment centres

Providing a **flexible and viable operating model** for health systems to provide this intervention.

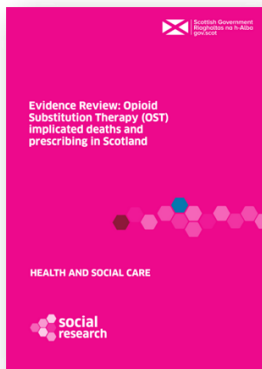
Providing **care continuity** to people with complex health needs and very poor health outcomes.

Ensuring people have **safe and effective access** to OAT.

Providing **broad harm reduction** and a platform for locally enhanced services.

Impact on Drug-Related Deaths

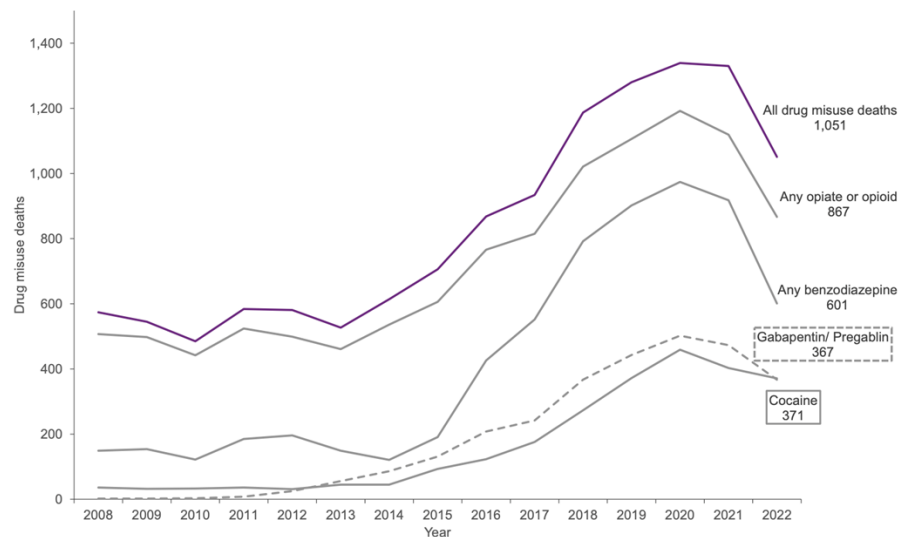
- Reduction in drug-related deaths through OST.
- Evidence supporting the effectiveness of OST.



Visit the radar dashboard to view the progress in your area:

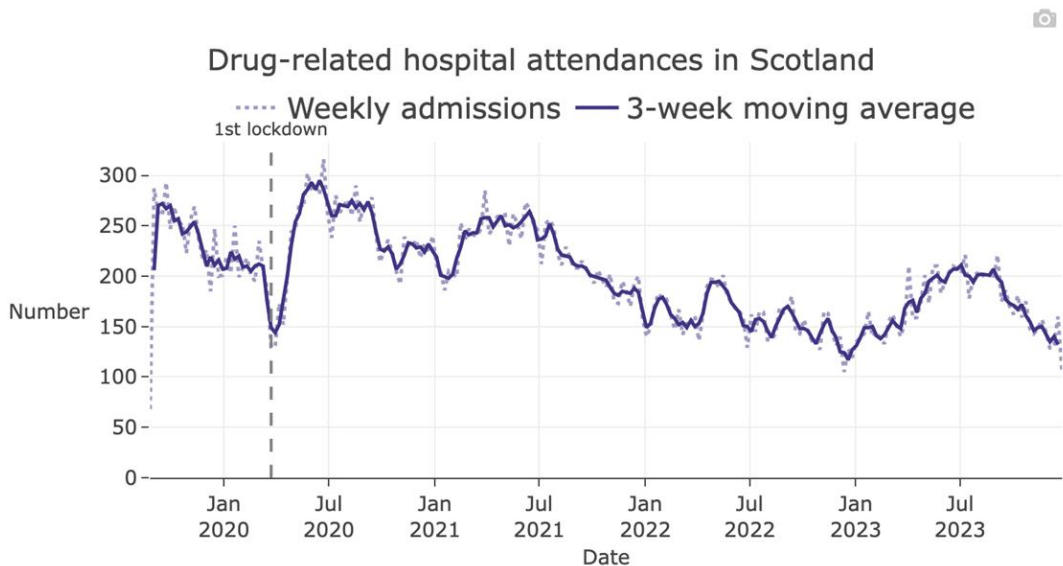
<https://scotland.shinyapps.io/phs-drugs-radar-dashboard>

Figure 7a: Drug misuse deaths in Scotland by drugs implicated



Reduction in Harmful Behaviours

- How supervised OST mitigates harmful behaviours such as needle sharing.
- Additional harm reduction services provided by pharmacies.



Enhanced Patient Engagement and Retention

- Importance of pharmacy accessibility and trust in improving patient engagement.
- Positive outcomes related to patient retention in OST services.

Economic and Social Benefits

- Broader economic and social benefits of effective OST programs.
- Role of pharmacies in supporting social stability and reducing healthcare costs.
- Potential to realise further benefits when aligning funding with need

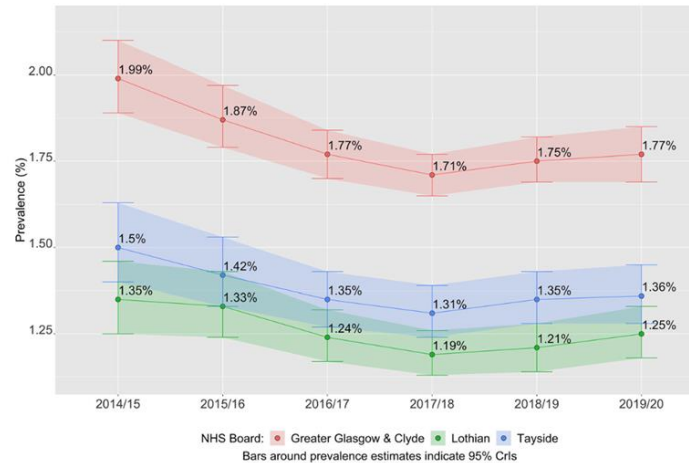
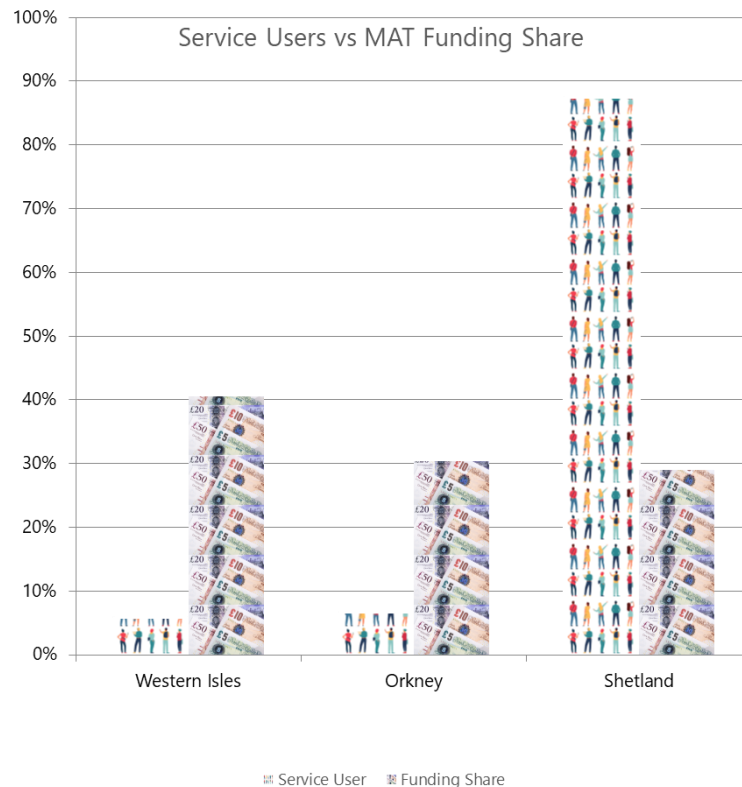


FIGURE 3 Estimated prevalence of opioid dependence among the population aged 15 to 64 years in NHS Boards Greater Glasgow and Clyde, Lothian and Tayside; 2014/2015 to 2019/2020. Abbreviation: CrIs, credible intervals.

Challenges and Areas for Improvement

- Continuous improvement in OST delivery and addressing barriers to access.
- Strategic recommendations for expanding training and integrating technologies.
- Developing improved needs aligned funding models to reduce structural inequity across Scotland



Integrating Pharmacy Across SMRS

- Given Pharmacy's role, it's crucial there is local involvement in ADPs and SMRS leadership teams by senior pharmacy staff.
- With an aging population of MAT service users, there is increased opportunity for high value interventions to be made through Community Pharmacies.
- There are strong examples of effective ways of working already throughout Scotland – scaling through sharing is essential

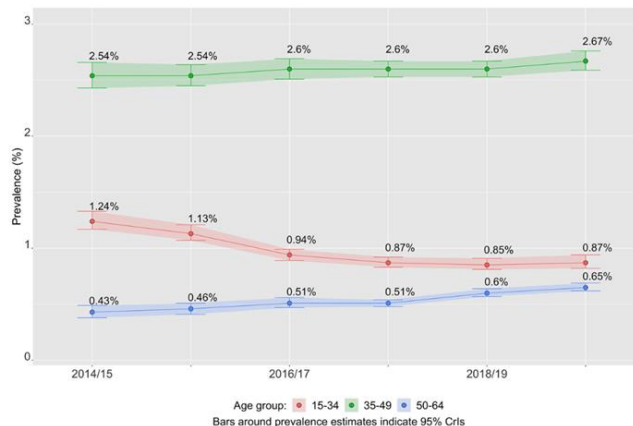


FIGURE 2 Estimated prevalence of opioid dependence among the population aged 15 to 64 years in Scotland; by age-group; 2014/2015 to 2019/2020. Abbreviation: CrIs, credible intervals.

Key take-homes

Maximising Community Pharmacy value a provider of MAT is a priority for ADPs.

Community Pharmacy provided MAT is an essential service and should be commissioned as core specialist SMRS services.

MAT will continue to play a significant role across the Community Pharmacy network in Scotland.

Use service user feedback to design services.

There are improved health outcomes realised through these services and due to better access to MAT.

Inequity in funding or access continues to exist across our infrastructure.

Developing consistency across Scotland is broadly beneficial for service users, communities, services and commissioners.

Gaining the Greatest Population Benefits

Chris Miller

Chief Pharmacist - Primary Care

NHS Lanarkshire

Primary Care Community Pharmacy Group

- National professional leadership of community pharmacy services
- Close working links with Scottish Government Pharmacy and Community Pharmacy Scotland
- Share best practice and support Boards to maximise community pharmacy services
- Supported development of Consensus Statement and continue to work with HIS



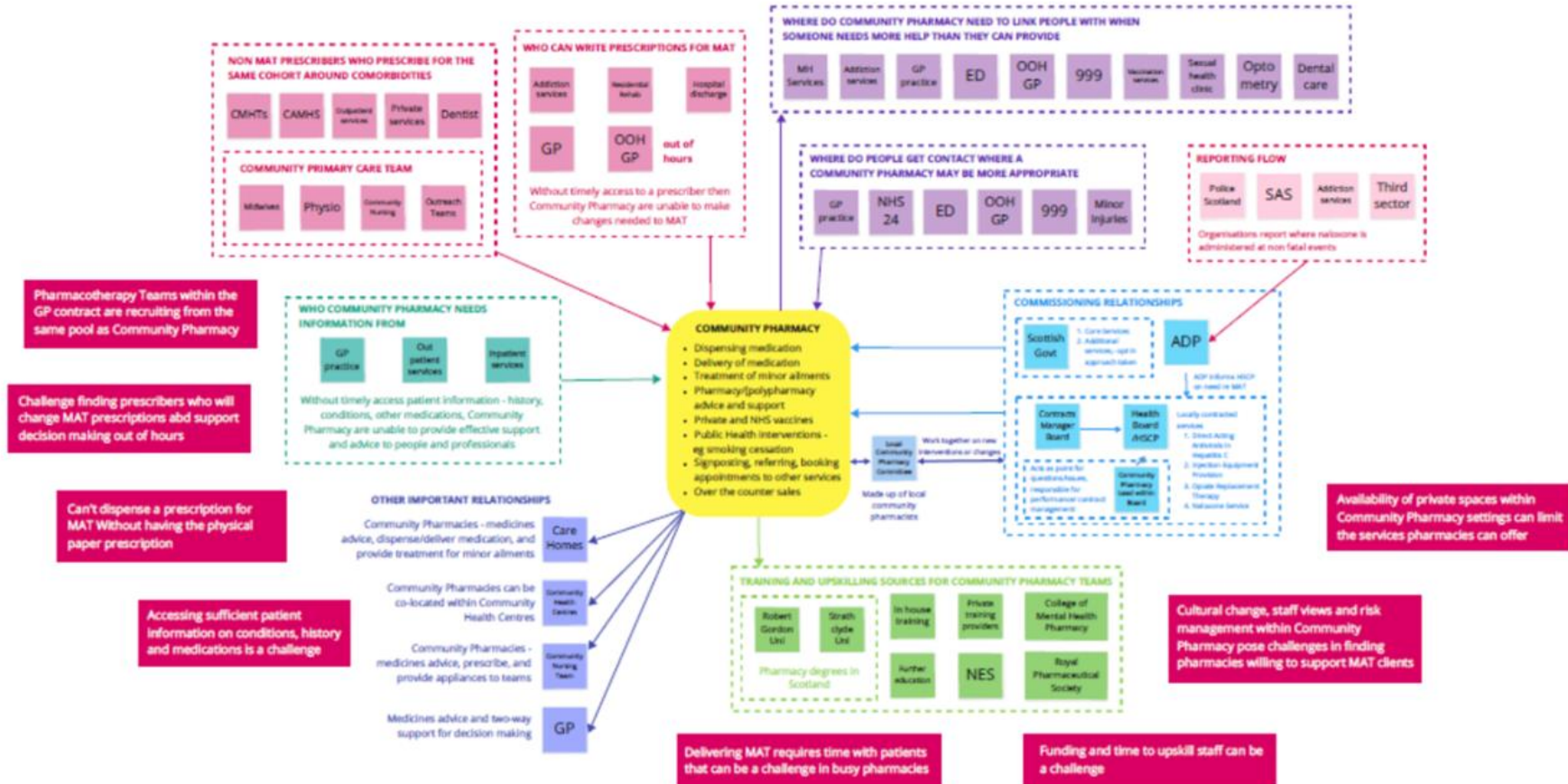
Community Pharmacy Contract

- Control of entry
- Core services include supply of medicines, treatment of minor ailments, chronic disease management and public health services
- Enhanced services exist to fulfil local needs and will include services to support patients with substance use issues – supervised medication administration, injecting equipment provision, take home naloxone, BBV testing
- Should be driven by local population needs assessment
- Requires commissioning of service and there is a wide variance in commissioning across Scotland



**Plan for Pharmaceutical Care Services Delivered
by Community Pharmacy 2021**

CHALLENGE POINTS IN THE SYSTEM

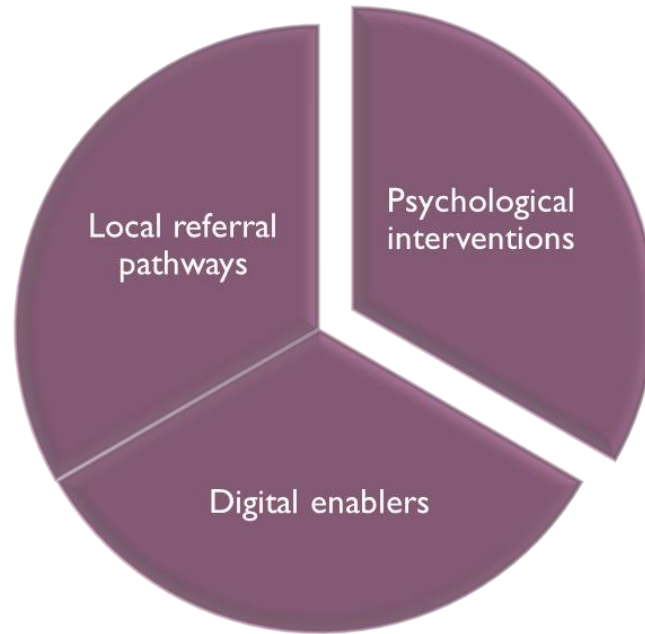


Commissioning Enhanced Services

- The need for Needs Assessment
- Pharmaceutical Care Services Planning
- Alcohol and Drug Partnerships
- Health and Social Care Partnerships
- The importance of outcome data



Non-Contractual Services



Questions

Any questions?

Refreshment break



Moving from the current to future service delivery

Adam Osprey

Policy and Development Pharmacist

Community Pharmacy Scotland



In a nutshell

Every day, community pharmacy teams contribute to our national goal of delivering the MAT standards.

With the right resource and by working directly with one another, this can be vastly improved.

Who are we?

- Membership organisation for community pharmacy owners
- Core role – national negotiation and representation on behalf of members
- Role in service design, implementation and ongoing development
- Structure – built from ground up every 3 years via member election and nomination
- Strong links with pharmacy teams

Our network

Caring for Scotland

- 1243 pharmacies
- Independent contractors to the NHS
- Each has a highly-trained team available
- Around 28% of pharmacies have an Independent prescriber active
- National services – Medicines supply, Pharmacy First, etc
- Local services – including MAT/OST/ORT/SMS



Our network

Key strengths

- Accessibility
- Relationships, trust and confidence
- Short, sharp and effective interventions

Challenges

- Demand
- “New black”
- Resourcing



Local work

- Independent local committees engage with territorial HBs on locally-commissioned services
- CP-Lanarkshire works with NHS Lanarkshire CP lead etc.
- Support for MAT dwarfs other local services in effort and spend
- Ideal world: Determine patient need, design service to meet need, calculate cost to deliver and fair return, commission service.
- Often starts with budget

Support for MAT – Evolving picture

- CPS position is in support of a national solution (Naloxone first step)
- Encouraging move towards “Package of care” model – but not complete
- Core is harm reduction advice, supervision, feedback loop and safeguarding – but so much more delivered under the radar
- Pilots for Buprenorphine administration showing promise



Support for MAT – Variation/Challenges

- Service specifications commonly too complex and/or too vague
- Technology (or lack of) varied
- Relationships with substance use services, Rxs, pathways and weekends
- Education/training – particularly re: stigma
- Resource to deliver



In a nutshell

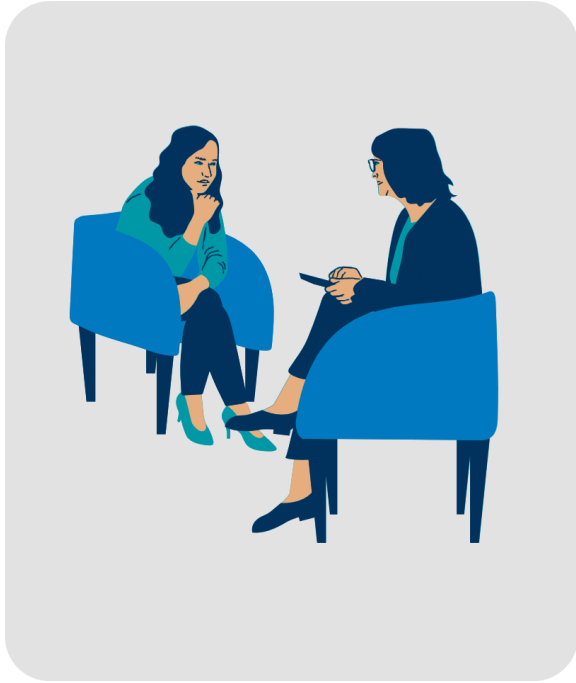
Every day, community pharmacy teams contribute to our national goal of delivering the MAT standards.

With the right resource and by working directly with one another, this can be vastly improved.

Where to start?



Where to focus?



- Build a relationship with local CP(HB) contractors' committee if not already in place
- Spend some time in pharmacies, understand the issues and training/skills gaps
- National solution would be a quantum leap forward - consider seriously as a collective
- Meanwhile, review and clarify **precisely what you need community pharmacy teams to do**
- Resource is key – services need funded adequately to deliver well.

Questions

Any questions?



thank you

- Event summary will be available from ihub.scot/matupdates
- Our next webinar is planned for September 2024 discussing our work designing a MAT Standards National Improvement Programme



Share your thoughts!