

# Core MAT Pharmacy Service



**Change  
Grow  
Live**

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# Agenda

- 1. Why change?**
- 2. Core MAT Service Aims and Components**
- 3. Wellbeing Support**
- 4. Missed and Late Dose Notifications**
- 5. Supervision and monthly claims**
- 6. Annual Pharmacist Review**
- 7. Activity Fees**
- 8. Training and Assurance**
- 9. Questions and Feedback**

# Why change?

- The standard supervised consumption model has not changed for years
- Equity for all (approx. 70% of service users are not on a supervised dose)
- Pharmacist support to SU was not measurable
- Previous Scheme could be considered as Transactional
- Improved quality and efficiency
- Enhanced service user safety and care
- Improved Pharmacy remuneration and engagement.

# Core MAT Aims and Components

- A holistic approach to enhance the health and wellbeing of individuals affected by drugs
- Manage risks such as drug related deaths, overdose and other threats to health
- A quality driven service with a framework which underpins it



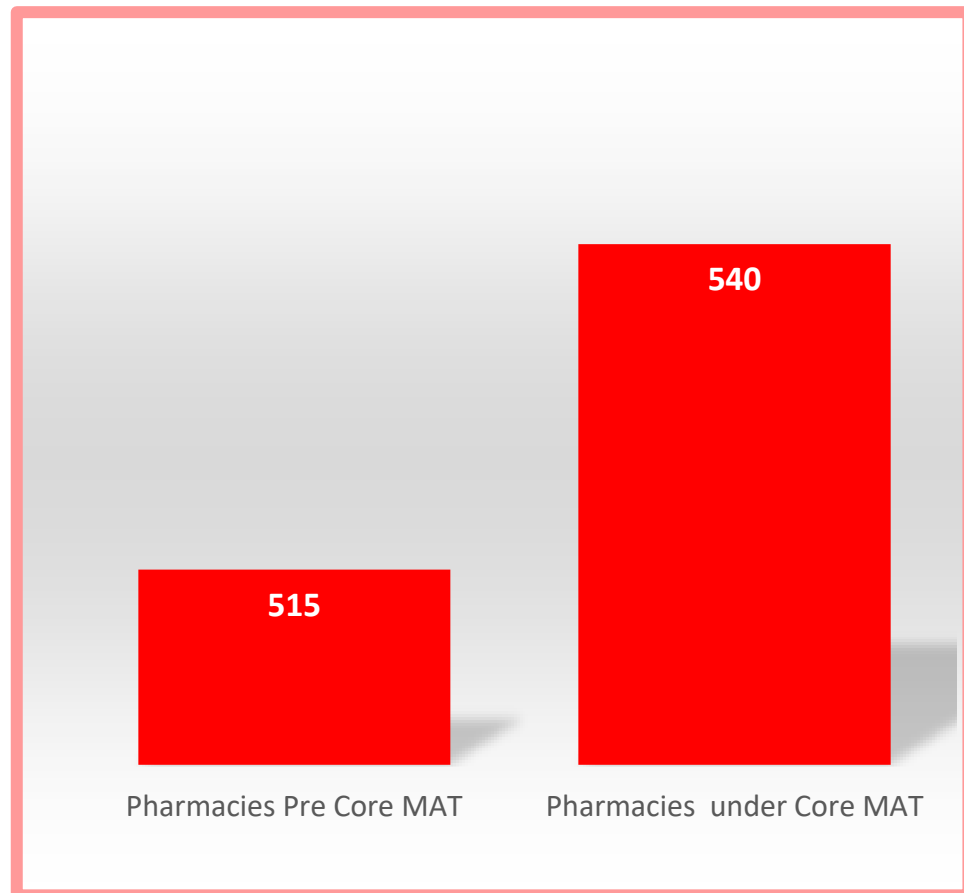
# Evaluation- Initial Results

- **Covering approximately 5000 service users (5% of all SU in structured treatment)**
- **Across 6 Pilot sites**
- **Utilising 540 pharmacies**

- **Retention of all pharmacies**
- **5% increase in pharmacies participating in Core MAT Service**
- **An extra 3600 Service Users able to have a Pharmacist based intervention**
- **Average CGL Service monthly spend increased from £6532 to £10829**

- **Reduced time spent by pharmacy teams contacting services via phone/email with a single point of contact via PharmOutcomes**
- **50% reduction of MLDN processing times for admin teams**
- **Over 1000 Pharmacist reviews completed**

# Community Pharmacy Engagement Benefits



- Retention of all pharmacies that were engaged with the Supervised Consumption Service.
- Increase of 25 pharmacies across the 6 pilot sites in comparison to the previous model.
- A net increase of 5%.
- Value of Community Pharmacy Liaison Leads for implementation and relationship building with individual pharmacies and LPC's.

# Wellbeing Support

- Provided by an appropriate trained member of staff at the request of a Service user
- Harm Minimisation advice
- Health living advice
- Signposting
- Referral
- Safeguarding

# Missed and Late Dose Notifications

## Quality, efficiency and safety benefits

- We base our treatment plans on risk
- The MLDNs highlight adherence concerns
- They alert Services to proactively support Service Users
- Supports Prescriber reviews and strengthen individual Service User treatment plans
- Enhance Service User safety to reduce the risk of disengagement, illicit on top use and overdose
- Provided assurance with a standardised approach for CGL services
- OHID/Coroner Concerns



# Missed and Late Dose Notifications

## CGL MAT - Missed or late collection (Preview)

Reporting date

Client name

*You cannot register new Client name*

### Medicine type

- Methadone
- Buprenorphine
- Morphine
- Other

### Collection details

#### Notification reason

- Missed collection
- Late collection

If there is a safeguarding concern please contact the safeguarding team on 0330 128 1113 (Free phone) or 01843 822222 (Kent)

Notes

### Medicine type

- Methadone
- Buprenorphine
- Morphine
- Other

### Type

- Methadone liquid
- Physeptone liquid
- Methadone tablets
- Methadone ampoules

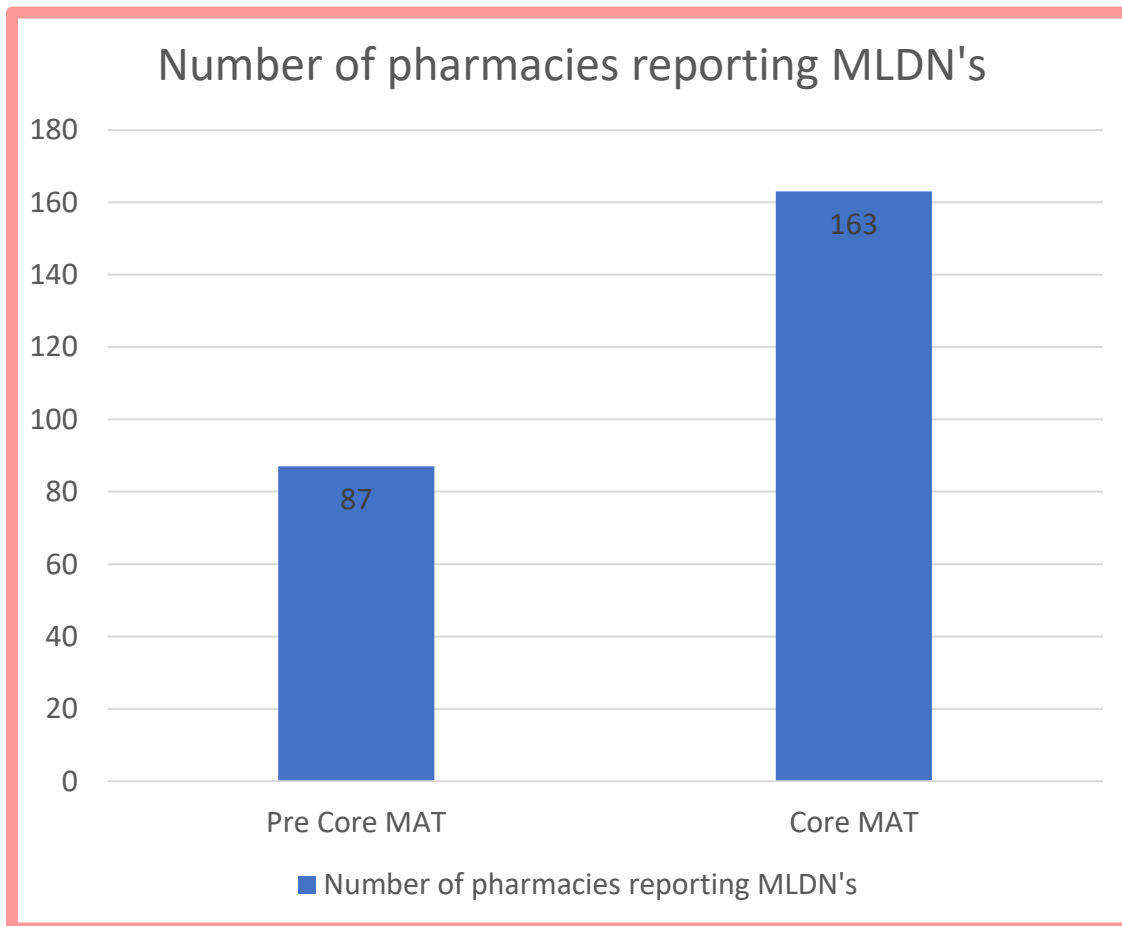
### Medicine type

- Methadone
- Buprenorphine
- Morphine
- Other

### Type

- Buprenorphine SL
- Subutex
- Espranor
- Suboxone

# Quality and Efficiency Benefits



- **Average 475-800% increase in MLDN reports across 4 services**
- **Average of 20% increase in MLDN reporting across 2 services that were previously paying for missed notifications**
- **Includes non-supervised service users for the first time**
- **Direct PharmOutcomes/CRiS reporting**

# Supervised / Non-supervised

- **Supervised consumption remains core to the scheme**
- **Trained and competent member of the Dispensing Team**
- **Simplified single data entry per Service User on PharmaOutcomes per month**
- **No need for daily data entry**
- **Registration of all Service Users**
- **Monthly declaration for all Service Users (Supervised and non-supervised)**

# Registration

Registration date

Name

Date of Birth   
Enter as **dd-mmm-yyyy** (eg 23-Feb-1989)

Gender  Male  Female

Ethnicity

Postcode

Address

NHS Number

Please record the name of the clients keyworker

Keyworker

# Personal Demographic Service

## Patient Identifiable section

### Patient Lookup via the Personal Demographic Service (PDS)

[More information about PDS \(opens in new tab\).](#)

The commissioner of this service **requires** that the PDS service is used to attempt to verify patient details **at least once**.

#### Search by patient NHS Number

Please provide a minimum of the patient's Date of Birth, Sex and Last Name. Press 'Lookup via PDS' to try and find the patients details:

Date of Birth   
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Sex  Male  Female

Family Name   
Last Name

Given Name(s)   
First Name or names

Postcode

Lookup via PDS

## Patient Identifiable section

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#### Search by patient details

Please provide a minimum of the patient's Date of Birth and NHS Number. Press 'Lookup via PDS' to try and find the patients details:

Date of Birth   
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

NHS Number   
The patient's verified NHS Number

Lookup via PDS

# Monthly Supervised Non-Supervised Claims

## CGL Monthly Supervised / Unsupervised Dispensing (Preview)

Please ensure only one monthly claim is submitted per patient for each drug they are prescribed

Provision Date

Client name   
You cannot register new Client name

### Medicine type

- Methadone
- Buprenorphine
- Morphine
- Other Medicine type

Month of   
dispensing/supervision

Supervised consumption  Yes  No

Were all missed  Yes  No  
doses/late collections  
reported?

Have you dispensed at least ten days worth of medication for this  
Service User this month?

10 or more days  Yes  No

### Medicine type

- Methadone
- Buprenorphine
- Morphine
- Other

### Type

- Methadone liquid
- Physeptone liquid
- Methadone tablets
- Methadone ampoules

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### Type

- Buprenorphine SL
- Subutex
- Espranor
- Suboxone

How many supervisions were conducted this month?

Number of supervisions  
this month

Were all missed doses/late collections reported?  
 Yes  No

**Missed/late doses**

Please ensure all missed doses and late collections for this month have been reported [here](#)

Have you dispensed at least ten days worth of medication for this Service User this month?

10 or more days  Yes  No

# Annual Pharmacist Review

## Quality, efficiency and safety benefits

1. Adherence to MAT and issues raised
2. Adherence to other medication and issues raised
3. Highlight any possible contra-indications and drug interactions
4. Review safe storage of MAT and Naloxone availability
5. Provide healthy living interventions. Signposting and referral as appropriate.



# Annual Pharmacist Review

Provision Date

Client name

*You cannot register new Client name*

Consent for service

**Does service user consent to an Annual Pharmacist Review?**

Consent:  Yes    Consent given

No    Consent **not** given

**Consent**

*If you give consent for data sharing, the information you provide will be passed to: CGL.*

For reporting results to CGL

Consent to share:  Yes    Consent to share given

No    Consent to share **not** given

Consent for service

Does the Service User Consent to SCR access (this information may help in the review)?

Consent:  Yes    Consent given

No    Consent **not** given

**Please continue with the review and ask the service user to provide information to the questions asked**

## Allergies and ADRs

Are you allergic to any medication?

Yes

No

Please provide details

Please do not enter patient identifiable information

Have you suffered any  Yes  No

**Adverse Drug Reactions?**

If yes, please provide details

Please do not enter patient identifiable information

# Annual Pharmacist Review

Current MAT Drug

Prescribed

Doses

Is the service User Adherent to their prescribed MAT?

Adherent to their prescribed MAT?

- Yes  
 No

Over the last 28 days how many doses have not been collected/taken? Is there any pattern to missed doses? ( i.e. missing every 2 days, missing every other day, missing regular days in the week). What are the reasons for this? E.g. side effects, using illicit drugs on top, difficulty taking

Please state reasons

Please do not enter patient identifiable information

Is there any support they would like to improve their adherence?

Support required?

- Yes  
 No

What support would they like?

Please do not enter patient identifiable information

Is the Service User on an optimal MAT Dose? (For Methadone this is 60-120mg, buprenorphine 12-16mg)

On an optimal MAT Dose?

- Yes  
 No

If no, is the Service User using illicit drugs on top?

Illicit drugs on top?

- Yes  
 No

Is the Service User stable on a sub-optimal dose with no on top illicit drug use, or on a reducing dose?

- Yes  
 No

Is there any support they would like regarding their MAT medication and dose

- Yes  
 No

If yes, please give details

Please do not enter patient identifiable information

# Annual Pharmacist Review

## Other Current Medication and Adherence

What medications are you currently prescribed? (including OTC)

Paracetamol 500mg caplets (Alliance He

Dose two tablets prn

Does the service user understand why they are taking this medication?

Reason for taking medication understood?

- Yes  
 No

Service users understanding as to why they are taking this medication and/or Pharmacist advice provided?

Understanding

Please do not enter patient identifiable information

Adherent

- Yes  
 No

If not adherent, what are the concerns/barriers? E.g. Side-effects/difficulty taking their medication etc

Please do not enter patient identifiable information

2nd medicine to be recorded?  Yes  No

## Contra-indications and Interactions

Are there any contra-indications with current medications being taken?

Any contra-indications?

- Yes  
 No

If yes, please give details:

Please do not enter patient identifiable information

Are there any drug interactions with current medications being taken?

Any drug interactions?

- Yes  
 No

If yes, please give details:

Please do not enter patient identifiable information

# Annual Pharmacist Review

## Naloxone

Does the Service User have a Naloxone kit?

- Yes  
 No

If no, has the service user been trained and supplied by the Pharmacy?

Trained and supplied?

- Yes  
 No

Has the service user been referred to alternative Pharmacy/CGL Service?

- Pharmacy  
 Service  
Please Tick one

## Safe Storage

Does Service User have a Safe Storage box?

- Yes  
 No

Please refer to local CGL Service

- Yes  
 No

# Annual Pharmacist Review

## Healthy Living Advice

Have you offered healthy living advice?

- Yes  
 No

What advice was offered?

Please do not enter patient identifiable information

Was the service user signposted further?

- Offered relevant Pharmacy Services?  
 Signposted or referred to additional Services?  
 None of the above

If offered relevant Pharmacy Services, referred or signposted/referred to additional services, please give details

Details

Please do not enter patient identifiable details

## 6. Other Issues

Is there anything else the service user wishes to discuss

Anything else

- Yes  
 No

Pharmacist comments

DO NOT INCLUDE patient data

# Quality and Efficiency Benefits

## Pharmacist Reviews

- 1081 (20%) Quarterly MAT Reviews completed by pharmacies in all pilot CGL sites.
- 16% of Service Users reported adherence to prescribed MAT as an issue.
- 12% of Service Users on sub-optimal dose and using illicit drugs.
- Naloxone supply/referral to CGL on 109 occasions.
- Healthy living advice including support with smoking cessation, diet and exercise advice, as well as support with mental and physical health with appropriate referral or signposting.

# Activity Fees

Activity	Fee
Core MAT Offer	£7.50 per month per Service User
Completed Annual MAT Review	£30
Supervised Consumption - Methadone	£2.00
Supervised Consumption - Espranor	£2.00
Supervised Consumption – Buprenorphine sublingual	£2.50

# Training and Assurance

- **CPPE Training and Declaration of Competence**
- **Dispensing Team competence**
- **Annual Training Event for Pharmacy Team**
- **Participation in Annual Audit**
- **PharmOutcomes Data Monitoring**
- **CGL Investment**



# Questions and Feedback

## Service User

“Really nice team and the pharmacist is supportive a couple of days ago when I was emotional. Happy to continue with reviews as took little time.”

“Everything good with review, wished to increase 10mg and happy this is now raised with recovery worker and prescriber.”

## Service

“Integration and uptake in missed pickups being reported is now going well and received well by staff. Wellbeing checks and feedback and quarterly reviews have been received well.”

“Good that we can identify sporadic collections from the data and that every missed pickup is recorded in the flash compared to when it was just 3 days missed previously.

## Pharmacy

“Very good now that we are familiar with the templates it doesn't take as much time to submit end of month data.”

“I feel the three monthly reviews are a good idea, they helped me as a new manager get to know our customers better, it helped build rapport.”

## LPC

“The Pharmacies are now being recognised for the work they do with all substance misuse patients regardless of supervised.”

“All the pharmacists I've spoken to have said how useful they think the quarterly reviews are, they say feedback from the clients has also been good.”