

A Review of Substance Misuse Services Provided through Community Pharmacies in Wales



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Community pharmacies in Wales are making a significant contribution to the health and wellbeing of local communities through the provision of substance misuse services. This document reviews service provision, identifies barriers and requirements for future developments in order to integrate their work into the integrated care pathway for substance misuse.

Key Recommendations

- Community Safety Partnerships should commission community pharmacy services on a longer-term basis using badged substance misuse funding.
- The project board of the Welsh Assembly Government's 'Substance Misuse Treatment Framework' should commission models and national standards for pharmacy based substance misuse services. Community Pharmacy Wales should lead on a mechanism for an all-Wales payment schedule for services linked to the new pharmacy contract.
- Community safety partnerships should ensure that joint working with education & training providers takes place to develop an accredited fully funded all-Wales package of training and support for pharmacists & pharmacy staff working with substance misuse clients.

Background

Substance misuse is an area of growing concern in Wales and is a high priority for the Welsh Assembly Government (WAG). "Tackling Substance Misuse in Wales: a partnership approach," (April 2000) recognised that community pharmacists in Wales have an integral part to play in the management of clients with substance misuse problems.⁽¹⁾ The strategy also recognised that community pharmacists were developing an important role as a source of general health advice to substance misusers.

Treatment is one of the key aims of the strategy. A key objective is to increase the participation of problem substance misusers in treatment.⁽¹⁾ Key tasks which contribute to the achievement of the aim include: the development of well-managed substitute methadone (or other medication) administration schemes throughout Wales, the facilitation of greater involvement of community pharmacists in the care of substance misusers and improved training in the treatment and care of substance misusers.

Community pharmacists are the health professional on the high street. They are well placed to deliver harm reduction interventions due to their (often extended) opening hours, convenient locations, and the availability of a pharmacist who can provide confidential advice on a wide range of healthcare issues. The network of community pharmacies provides locally accessible facilities for the distribution of clean injecting equipment, safe collection and disposal of used equipment and the promotion of safer injecting practices amongst drug users. Needle exchange for substance misusers has been shown to lead to a reduction in the sharing of

injecting equipment and a corresponding reduction in infection rates.⁽²⁾

Provision of needle exchange and supervised self-administration (consumption) schemes in each locality is a key task in delivery of Wales' substance misuse strategy.⁽¹⁾ To date the schemes have developed in an *ad hoc* way and are based, in the main, on locally negotiated contracts from a variety of short-term, vulnerable funding streams. However, NHS Wales has gone through major restructuring this year. At the same time major changes in the funding and commissioning of substance misuse services were implemented. The effects of historic short-term funding and strategies plus major organisational change are potentially far-reaching. The new Community Safety Partnerships (CSPs) have yet to catch up on the details of their new commissioning responsibilities for substance misuse services. There is now an urgent need to secure the sustainability and continual improvement of these schemes.

Aim & Objectives

Aim

To examine substance misuse services provided by community pharmacies in Wales with particular reference to Needle Exchange, Supervised Self-Administration of Medicines for the treatment of addiction and pharmacy involvement in the Shared Care of substance misusers receiving treatment.

Objectives

- To identify gaps and inequalities in service provision.
- To identify barriers to service provision.
- To identify the training & support available for service providers.
- To identify potential service developments.

Methodology

- National Public Health Service contacted commissioners and co-ordinators of substance misuse services from community pharmacies in Wales. Details of service specifications, service levels, training and funding were collated.
- Community Pharmacy Wales gathered data via a postal questionnaire to each community pharmacy in Wales. Details of participation in services and views on barriers to service provision were sought. The response rate was 58%.
- Consultant Psychiatrists in addiction services were contacted informally and invited to provide comment on current and future provision of substance misuse services through community pharmacies.

Results

(1) Needle and Syringe Exchange Services

(i) Gaps and inequalities in service provision:

- The uptake of needle exchange by community pharmacies varies considerably across Wales.^(fig.1) In some areas the gaps are covered by other agencies particularly the voluntary sector.
- Service delivery models for needle exchange vary considerably across Wales. This variation includes the provision of designated areas within pharmacies for needle exchange.
- The needle exchange kits themselves differ in terms of range available, contents, information leaflets, packaging and distribution. The mechanisms for assembling and distributing packs and collecting returns also differ.
- Funding, payments and even interpretation of VAT requirements vary in different localities.
- Data collection on pharmacy needle exchange differs so that the schemes are not directly comparable.

(ii) Barriers to service provision:

- Lack of defined, ring-fenced, longer-term funding for the schemes can lead to interruptions in service provision.
- Remuneration levels and the potential payment of VAT on professional fees for pharmacy needle exchange services are disincentives.
- Potential difficulties in dealing with this client group. Security relating to staff, stock and premises is an important issue. Reservations in providing needle exchange were held by 49% of respondents to the community pharmacy questionnaire, of which, 34% reported feeling intimidated by these clients.
- Other service providers may reduce the need to have a pharmacy needle exchange participating in a given area.
- Disengagement in favour of other service developments may occur. Needle exchange services are likely to become one of a wide range of additional services within the new NHS pharmacy contract.

(iii) Training and support for pharmacists and pharmacy staff:

- The content and availability of education and training varies considerably as does the requirements for training set out in service specifications.
- There is generally inadequate support to address the concerns of pharmacists and pharmacy staff for this role although there is personal support from NPHS pharmacists, community drug and alcohol teams and voluntary sector drugs agencies.

(iv) Potential service developments:

- Supply and advice on use of paraphernalia following recent changes in legislation have not gone ahead as no funding for service development has yet been identified.
- Needle exchange services have the potential to link into the sexual health strategy for Wales through e.g. condom schemes. Community pharmacy is a partner with a role to play in improving sexual health in Wales.⁽³⁾
- Needle exchange services have the potential to link into minor ailment schemes. Community pharmacists are ideally placed to provide advice on certain ailments with direct supply of medicines on the NHS to the public.

(2) Supervised Consumption of Substitute Medication

(i) Gaps and inequalities in service provision:

- There are large gaps in service provision e.g. areas without schemes and areas which have only limited short-term funding for pilot projects.^(fig.2)
- Service delivery models for supervised consumption vary significantly. This variation includes the provision of designated areas for supervised consumption and arrangements for weekends and bank holidays.
- Shared care and team-working arrangements for these clients vary across Wales.

(ii) Barriers to service provision:

- The lack of defined, ring-fenced, longer-term funding for the schemes has led to interruptions in service provision.
- Remuneration levels in some areas are perceived to be a disincentive.
- Potential difficulties in dealing with this client group and security relating to staff, stock and premises is an important issue. Reservations to providing supervised consumption services were held by 32% of respondents to the community pharmacy questionnaire, of which, 77% reported feeling intimidated by these clients.
- The threat of disengagement in favour of other service providers in some areas.

(iii) Training and support for pharmacists and pharmacy staff:

- The content and availability of education and training varies considerably as does the requirements for training set out in service specifications, and the provision of protected learning time.

- There is generally inadequate support, in the form of a “person in the centre” to address the concerns of pharmacists and pharmacy staff for this role although there is personal support from NPHS pharmacists, community drug and alcohol teams and voluntary sector drugs agencies.

(iv) Potential service developments:

- Increased demand for current therapies due to proposals to increase the number of clients accessing treatments and the variety of treatments available including medication.⁽⁴⁾
- Linking into the sexual health strategy for Wales as per needle exchange.
- Linking into minor ailment schemes as per needle exchange.

Discussion

There are a number of problems surrounding the provision of pharmacy based needle exchange and supervised consumption services in Wales. Although there are a number of schemes operating in Wales at present, there are major gaps and inequalities. Current service provision is based on a complex variety of short-term, vulnerable funding sources. In fact, many schemes do not have funding guaranteed beyond one year and this has led to a lack of continuity in some areas. To meet the current level of need some pharmacies are providing a service outside a formal or pilot scheme, they are unpaid and work outside of formal shared care agreements.

Additionally, there are problems in geographical coverage across Wales, along with other substance misuse services. Many of the existing statutory and voluntary sector substance misuse services are located in and around the urban areas with less access for users in rural areas. Provision of supervised consumption services and pharmacist involvement in the shared care of clients is highly dependent on the underlying access to community substance misuse teams by clients.

There is a lack of central guidance in Wales on commissioning issues, standards and models of good practice. Whilst the core professional requirements are specified by the Royal Pharmaceutical Society of Great Britain (RPSGB), there is significant variation in local service implementation including the provision of suitable areas within pharmacies. Due to considerable variations in service models, neither the schemes nor the data available on them are directly comparable. There is an urgent need for a full risk assessment of supervised consumption services. RPSGB are currently developing a guidance document for the commissioning of substance misuse services from Pharmacists and Pharmacies in conjunction with the National Treatment Agency in England.

Significant barriers to uptake of services continue to exist. Whilst funding and remuneration are an issue, the perceived difficulties in dealing with this client group, training and support for pharmacists and pharmacy staff for this role are recurrent themes.

Conclusions

Community pharmacies in Wales are making a significant contribution to the health and wellbeing of local communities through the provision of substance misuse services. However, the pattern of provision is patchy, and unlikely to match the current and future need, as it is based on historic *ad hoc* decisions and short-term funding streams. The complexity and vulnerability of the funding is an obstacle to both service operation and longer-term strategic planning leading to a serious risk of schemes disappearing. The funding makes up a small proportion of the overall budget spent by commissioners on substance misuse services, yet the services are under constant threat of closure due to insecure funding and lack of investment.

There is a need for all-Wales commissioning guidance, service standards and models of care for pharmacy based substance misuse services. These should incorporate shared care and fully integrated multi-disciplinary working arrangements.

Given the number (over 700) and distribution of community pharmacies in Wales, there is a need to support and develop the services they provide for clients. Help to reduce the barriers to service should be provided to community pharmacies where appropriate and possible.

(Key recommendations are at the front of report.)

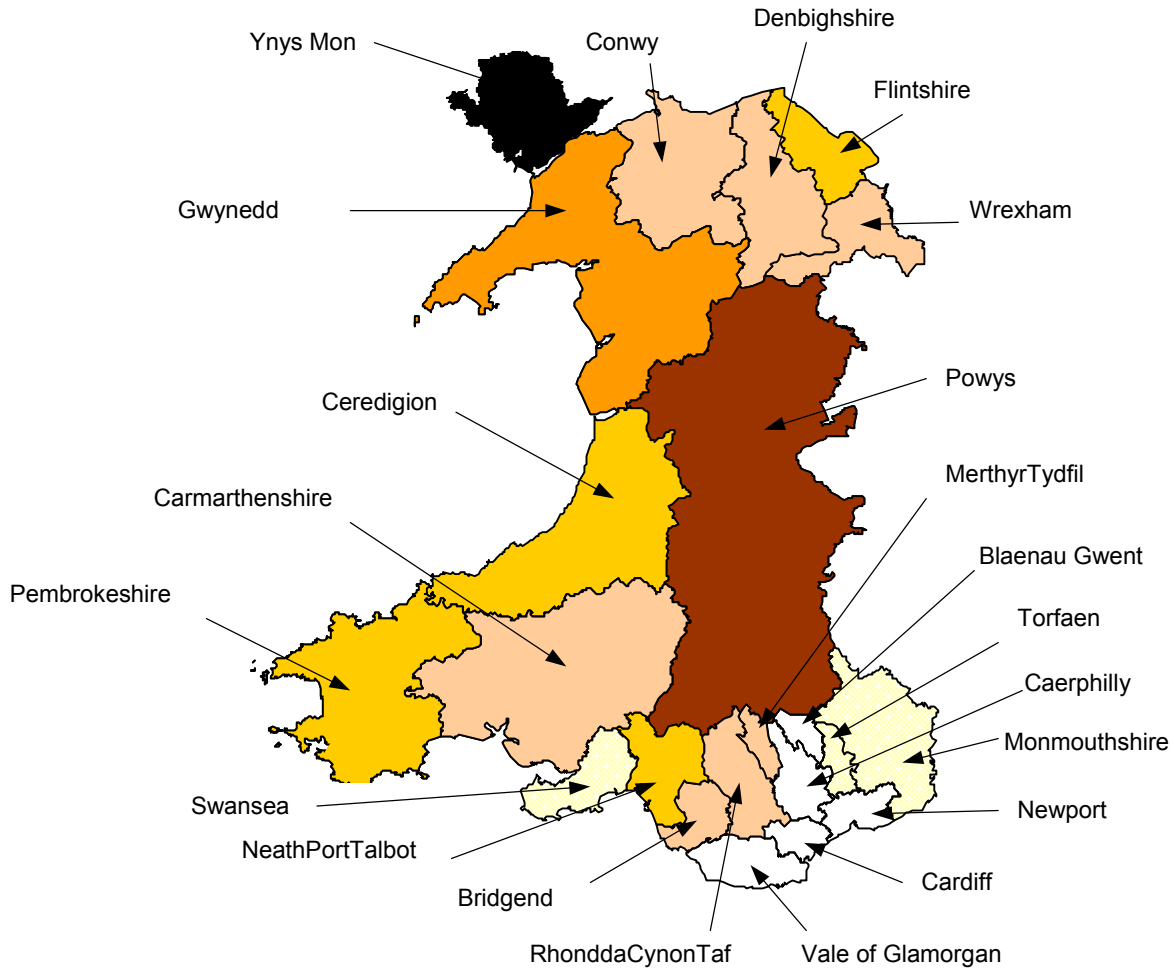
Suggested Action Plan

Under the auspices of WAG Community Safety Branch an action plan needs to be developed which addresses:

- The provision of information on local health needs assessments for substance misusers.
- Longer term funding requirements to ensure future service provision.
- The development of national models of care for pharmacy based substance misuse services.
- The development of a national service level agreement to include all-Wales services standards and remuneration levels.
- The reduction of barriers to service where appropriate and possible.
- The development of appropriate funded training and support for pharmacists and pharmacy staff.
- Increased collaboration with other agencies e.g. fire safety, health promotion.
- The establishment, via the National Public Health Service for Wales, of a resource for information sharing on service and practice developments.
- Initiatives to involve clients in service planning and feedback on service delivery.

Figure 1

Pharmacy based Needle and Syringe Exchange Schemes in Wales



% Pharmacies participating in Scheme *

0-10%	□
11-20%	▤
21-30%	▥
31-40%	▧
41-50%	▨
51-60%	▩
61-70%	▪
71-80%	▬

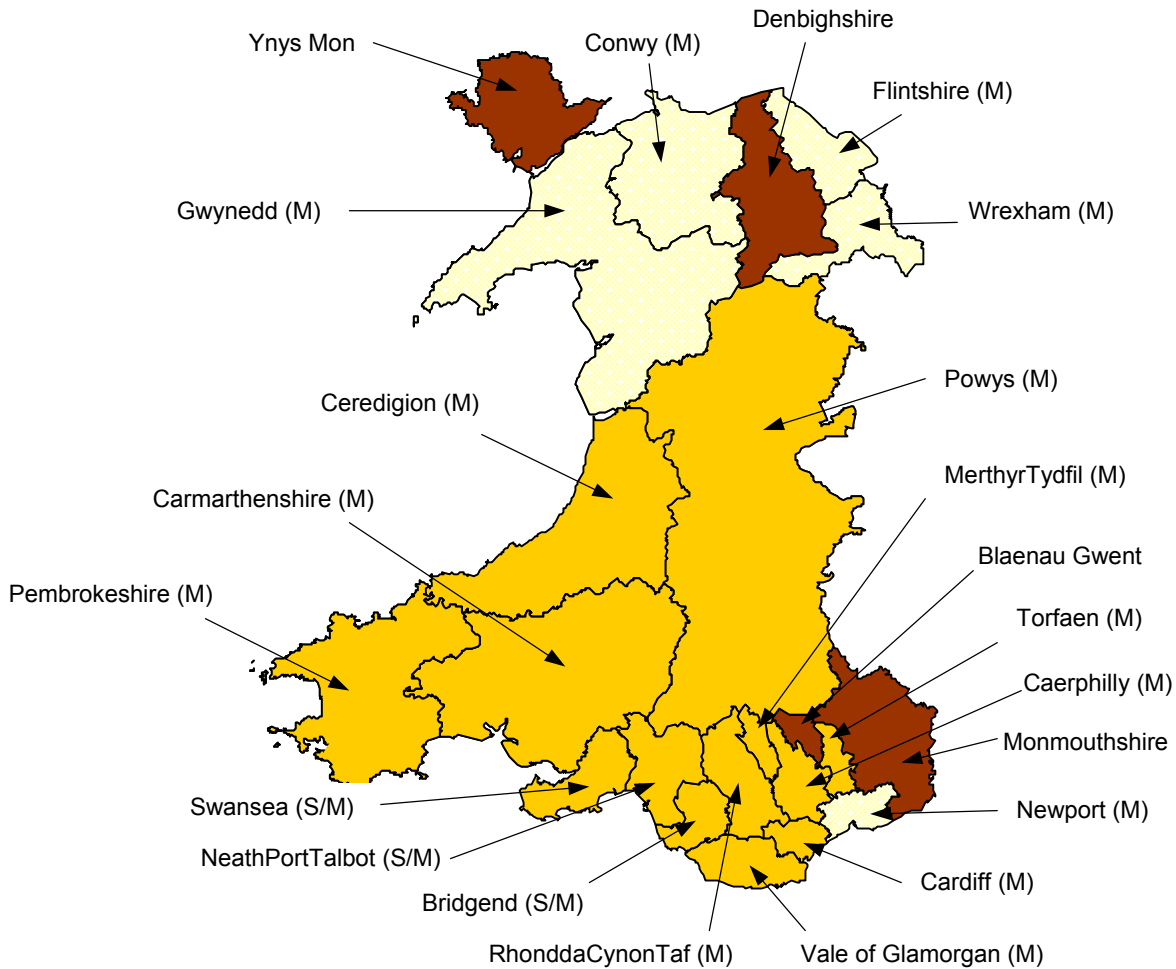
Number (%) pharmacies in schemes by old Health Authority area and Number of Needles issued

	02/03	Needles issued
North Wales	50/151 (33%)	766,671
Dyfed Powys	45/123 (36%)	80,190
Morgannwg	31/124 (25%)	305,000
Bro Taf	28/183 (15%)	138,720
Gwent	18/126 (14%)	150,590

* note there are a range of factors affecting participation; some areas have targeted according to need; others areas offered open participation; while other areas have non-pharmacy based needle exchange schemes

Figure 2

Supervised Consumption of Medication Schemes for Substance Misusers in Wales



Pharmacies participating in Scheme

No formal scheme	■
Pilot Scheme	■
Formal Scheme	■

(M) = methadone only
(S/M) = Subutex & methadone

Number (%) pharmacies participating in schemes by old Health Authority area

North Wales	8/150
Dyfed Powys	41/123
Morgannwg	80/124
Bro Taf	69/183
Gwent*	23/126

* new Gwent schemes started in April 03, prior to that only Newport and Torfaen had schemes in place.

Acknowledgements

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References

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3. The National Assembly for Wales. *A Strategic Framework for Promoting Sexual Health in Wales: Post-Consultation Action Plan*. Cardiff: The National Assembly for Wales, 2000.
4. Social Justice and Regeneration Committee. *Substance Misuse – Progress Report*. Cardiff. The National Assembly for Wales, 2003.

Further information

A summary of service provision for both needle exchange and supervised consumption of substitution therapy had been collated during the process of this review and is available on request.

Further information can be obtained from:

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