

# Core MAT Service Evaluation

**Mohammed Fessal**

**January 2024**

## Purpose

This Core MAT Service evaluation assesses the benefits of moving to a higher quality based holistic commissioned service, and considers how the service can then be rolled out across other Change Grow Live services, and potentially shared with the wider sector.

## Introduction

Supervised consumption commissioned services delivered through community pharmacy have remained largely unchanged over a number of years. This has led to transactional services that do not provide equitable support for all those prescribed MAT. With a view to doing things better in terms of safety, quality and efficiency, along with addressing community pharmacy concerns about fairer remuneration, we launched the new Core MAT Service in April 2023 across 6 services. Liaising with our community pharmacy colleagues and the Local Pharmaceutical Committees (LPCs), the service has been piloted across Cambridgeshire, Peterborough, East Sussex, West Sussex, West Kent, and Norfolk. The new service covers nearly 5000 prescribed service users, representing 15% of all those prescribed MAT across our organisation.

## Specification

The new Core MAT Service is moving from a transactional Supervised Consumption Service to a more quality based commissioned service. The key components of the service are:

- Daily reporting of any missed doses or late pickups following missed collections for all prescribed MAT service users
- Quarterly Pharmacist Reviews based on dose, adherence and harm reduction
- Supervised consumption for those that need it

## Benefits

### Community Pharmacy Engagement

Financial viability of community pharmacy commissioned services has been a long standing issue across the sector, with recent challenges experienced across the country in identifying pharmacies to take on new service users for both dispensing and supervised consumption. At a time when numbers of engaged pharmacies have been reducing across most services, this pilot resulted in not only retaining all previously engaged pharmacies, but also adding another 25 pharmacies across the 6 services, a net increase of approximately 5%. Feedback has been that an increase in remuneration and more streamlined processes have been the key drivers for that improvement.

Introduction of Community Pharmacy Liaison Leads (CPLLs) in all 6 services has had a positive impact on both the implementation of this service, and ongoing relationship management. Feedback from services, LPCs and pharmacies has shown relationships have really improved, and this is also evidenced across other services where CPLLs have been introduced.

## Equity

Approximately 70% of service users prescribed MAT are not on a supervised regime, and therefore are not contractually supported by community pharmacy teams. The Core MAT Service for the first time has provided equitable support from pharmacy teams for the whole prescribed MAT population across a service (table 1). This approach is not only directly beneficial to service users, as it moves away from an assumption only those supervised require support, but it also provides assurance organisationally of quality through contract management and audit against what was previously delivered through pharmacy goodwill.

Service	Total SUs supported by Supervised Consumption Service (Mar 23)	Total SUs supported by Core MAT Service (Oct 23)
Cambridgeshire	289	797
East Sussex	181	746
West Sussex	244	877
West Kent	120	389
Peterborough	203	523
Norfolk	213	1510
<b>Total</b>	<b>1250</b>	<b>4842</b>

Table 1

## Quality & Efficiency

Reporting of missed and late dose notifications (MLDN) is crucial for services to better understand adherence to treatment. Missing doses present a direct risk to using illicitly as well as disengagement, and therefore awareness and action at that point is crucial in reducing risk and supporting the service user.

The average time taken to action a MLDN previously reported to services by PharmOutcomes notification, telephone or email, was 4 minutes. This would involve the service taking a call or receiving an email, noting the information down to relay to a recovery worker, and then trying to make contact with the service user. This time to action does not include the significant number of calls made that are not answered, thereby resulting in repeat calls or abandoned calls.

The Core MAT Service instead now provides daily MLDN directly from PharmOutcomes to services via secure NHS email, reducing the time to action a MLDN by 50%. This improvement in efficiency has freed up staff time, enabled admin teams to manage this process rather than duty or reception teams, and added standardised record keeping of interventions. The notification is added to the service users case management record and contact is made with the recovery coordinator, who subsequently initiates a welfare check with the service user. This standardised approach has enabled staff to safeguard service users and minimise the risks of disengagement from MAT.

Prior to the new Core MAT Service the reporting of MLDN was irregular and varied from service to service. The number of pharmacies actively reporting missed collections prior to the Core MAT Service commencement across the 6 services was 87. Since introduction of the new service this has increased to 163, representing a rise of 87%. This figure now contractually includes those not on supervised consumption.

MLDN have seen a huge increase during this pilot, addressing previous under-reporting, even when considering it now includes those not on supervised consumption. This information now provides both

individual and population level awareness of risk through reduced adherence to MAT, and an opportunity to improve patient safety (table 2).

Service	Monthly average MLDN Pre-Core MAT	Monthly average MLDN Core MAT	% Increase
Cambridgeshire	82	660	705
Peterborough	91	595	554
East Sussex	650	769	18 (*previously paid for MLDN)
West Sussex	489	580	19 (*previously paid for MLDN)
West Kent	60	345	475
Norfolk	40	364	810
<b>Total</b>	<b>1412</b>	<b>3313</b>	<b>135%</b>

Table 2

MAT Pharmacy Reviews have been completed across all 6 pilot services. Feedback gained from pharmacists has been generally positive with reports the reviews have given them an opportunity to engage with service users on a one-to-one basis, which is likely to improve service user experience. Time constraints for pharmacists has been raised as an issue, and pharmacists feel it may be advantageous for the reviews to be undertaken once or twice a year rather than quarterly.

Across the 6 services, 1087 MAT Pharmacy Reviews have been undertaken, with numbers growing each month as implementation issues have been addressed. From the MAT Pharmacy Reviews completed we have seen pharmacists signpost service users, offer naloxone to prevent overdose, and liaise with services where a service user reports their MAT is sub-optimal. However the number of completed reviews is disappointing, representing approximately 20% of total prescribed individuals.

## Safety

Communication issues between community pharmacies and drug and alcohol service providers has been a serious concern for a number of years. Learning from incidents, as well as coroner reports have identified inadequate controls to mitigate these risks. Instances of other individuals collecting medication for service users that have been hospitalised, imprisoned or passed away, as well as continuation of prescriptions that should have been stopped following a call, have in some cases been identified as contributions to a service users' death.

The Core MAT Service, with its more efficient system of reporting missed attendance at the pharmacy, ensures that services are informed promptly. This reduces the risk of prescriptions continuing when they should have ended, an alternative to improving safety associated with controlled drug prescribing in the absence of electronic prescribing.

## Interoperability

Interoperability with PharmOutcomes, a key NHS community pharmacy data platform, has demonstrated the ability to be innovative as a sector first. As we seek to broaden our alignment with the NHS, this new service supports the organisational strategic objective and wider NHS digital strategy.

## Developments

Business analysis and agreements on data sharing have been finalised, and we are now at the CRiIS development stage. The initial development will move from NHS secure mail data receipt of MLDN to

direct transfer into the CRIIS system. This will then generate automatic text notifications where consent has been obtained. Across the 6 services we have 88% of service users that have consented to SMS messages, which would mean an even greater reduction in workload. This would also provide organisational assurance of standardised intervention at a time of risk through disengagement and/or illicit drug use.

Following missed and late dose pick up data transfer into the CRIIS system, we will be in a position to analyse adherence variances in different population groups; methadone Vs buprenorphine, buprenorphine Vs Espranor, supervised Vs non-supervised, daily Vs weekly collection. This information will then support services to review prescribing decisions that may increase a primary risk through reduced MAT treatment adherence. Adherence data will also support more accurate MAT categorisation, using pick up and supervision doses rather than prescribed doses.

Development is also in progress to share data directly from PharmOutcomes to CRIIS for all MAT Pharmacy Reviews. This would directly record a structured healthcare professional intervention, as well as supporting medic/NMP reviews, the latter which currently requires resource to obtain information on a case by case basis.

## Stakeholder Feedback

Feedback has been received from various internal and external stakeholders. Generally, this has been supportive of the Core MAT Service (Appendix A).

Service Managers have welcomed the new scheme as an innovative addition to pharmacy contracted services. They have reported improved relationships with pharmacies and LPC's, a result of our organisation's commitment to the partnership.

Community Pharmacy Liaison leads have worked hard to launch and promote the service both within their own services and with community pharmacies. There have been challenges with some individual pharmacies, however that was expected with such a significant transformational service change. CPLs have worked collaboratively with LPCs to improve reporting accuracy, financial claims and delivery of MAT Pharmacy Reviews.

Community Pharmacy feedback has been largely positive. They have welcomed the uplift in remuneration, as well as the move to more digitally efficient reporting systems. Feedback from the MAT Pharmacy Reviews is that they have enabled pharmacists to build relationships that previously were either in passing or not there at all.

## Finance

To tackle the primary concern raised by pharmacies and LPCs of reduced income and financial viability of supervised consumption services, we have sought to invest money to move to a more quality focused service. Cost comparisons are presented below against what was spent this year before implementation of the new Core MAT Service, and against potential future costs of returning to the previous Supervised Consumption Service based on remuneration agreed nationally in Wales.

### Core MAT Service Vs Previous Supervised Consumption Spend

Reviewing costs of our previous supervised consumption service and current Core MAT service, we can see that there has been a significant uplift in payments. This is primarily a reflection of the £10 monthly payment for all service users prescribed MAT (table 3).

Services	Previous SC Service Monthly Spend	Current Core MAT Monthly Spend	Cost Difference	% Change
Average	£6,532	£10,829	+£4,297.50	+66%

Table 3

### Core MAT Service Vs Current Alternative Supervised Consumption Spend

Comparing the Core MAT Service costs to the previous costs of the supervised consumption service however are not an accurate estimate of true cost differences. This is because discussions had with LPCs in these regions have been based on either acceptance of the Core MAT service, or a new supervised consumption service at higher payments. Elsewhere in areas where we have chosen to continue with the Supervised Consumption Service, we have agreed equivalent payments as those made in Wales under a national tariff. When we compare the Core MAT Service to the current Supervised Consumption Service alternative, the additional costs are a smaller increase (table 4).

Services	Wales/Benchmark SC Monthly Spend	Current Core MAT Monthly Spend	Cost Difference	% Change
Average	£8,058	£10,829	+£2,771	+34%

Table 4

Evaluating costs for the new Core MAT service will differ depending on whether we compare them to previous or potential alternatives. There is merit in comparisons with either of the above, however each should be done with an equal assessment of the differing quality, safety and partnership engagement benefits.

### Next Steps

1. Complete CRiS developments to realise the full benefits of the service.
2. Use data to publish research on adherence for different population groups, pick up regimes and supervised/non-supervised treatment plans.
3. Continue to work across the 6 services to improve reporting and submitting claims
4. Following feedback from LPCs and pharmacies, and after reviewing the quantity and quality of MAT Pharmacy Reviews, moving to an annual more comprehensive independent Pharmacist Review.

## Appendix A – General Stakeholder Feedback

### Service User Feedback

“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 co and prescriber.”

### Pharmacy Feedback

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

“The main issue with the methadone entries is time. Is still a lengthy process.”

“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.”

“MAT review – seems completely pointless. I’m not sure if anyone actually reads it at STAR and seems like another time consuming process to have to do on top of everything else at the pharmacy.”

“Would question the frequency of asking the same questions / review every 3 months. Perhaps every 6 months and when starting with new clients?”

### LPC Feedback

“The Pharmacies are now being recognised for the work they do with all substance misuse patients regardless of supervised or not, this has also improved the patient journey and enables the patient to discuss their healthcare needs and pharmacies can signpost/refer as needed.”

“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.”

“The larger volume pharmacies have commented on the length of time it takes to enter the data at the end of the month.”

### Service Feedback

“Initially pharmacies were unhappy with having to register all their patients again and having to complete their competencies. Since then everything seems to be running quite smoothly.”

“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.”

“Quarterly reviews, uptake has been poor. Pharmacists were not aware initially but are now.”

“We like the email notifications and ease that the alerts are already put onto criis by the admin team. 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.”

## Appendix B – MLDN Stakeholder Feedback

### Recovery Worker Feedback

- It helps us to proactively manage those service users that have missed 2 days so that we avoid three day miss and falling off their prescription.
- It acts as an alert when we are getting frequent missed doses which makes you increase your engagement to see if there are any concerns.
- Missed collections for high-risk service users prompts a clinical discussion/MDT as well as risk and RDR reviewing.
- They are fantastic to see any patterns in missed doses with particular clients. Also saves lots of time calling pharmacies to check for missed doses.

### Team Leader Feedback

- We action all of the missed doses. It is an essential task to ensure that the clients do not fall off prescription. If they have two missed doses, we ensure that we get the service user in for an urgent review or increase their pickups or increased contact from the recovery worker. It also highlights a pattern if clients are using one day and then taking their medication the next day.

### Service Manager Feedback

- In theory the MLDN reporting helps us respond more quickly and consistently, no phone calls lost in transit for example. However, in reality, whilst there is a good response from most staff, we are still seeing inconsistencies with recording on Criis and follow-ups. I think this is more the case that we are now more aware of who misses, whereas in the past it was hard to objectively measure pharmacy phone calls that we weren't necessarily even aware of as leadership team. Once we have ironed out the transition to the new way of reporting it should improve our breadth and depth of risk management in that we will know all clients who have missed previous days collections and speed up the frontline response to clients who have uncharacteristically missed a dose for example, or those clients we are keeping a closer eye on due to health concerns or heightened risk of abuse/exploitation.

### Pharmacy Feedback

- Happy we do not have to contact on the phone and as they already have PharmOutcomes on our screen it is easy to add the missed pickup. Used to reporting missed doses at end of 14-day prescription, however now we can log this on PharmOutcomes which they do each morning.