

How pharmacies can offer services to drug misuse clients in the community

Last week guidance for establishing drug misuse pharmacy services was published. Matthew Wright investigates what some community pharmacists are already doing to help drug users

Since changes to the contractual framework for community pharmacies in England and Wales materialised last year, pharmacies have had the opportunity to offer enhanced services to drug misusers if locally commissioned to do so. As pharmacists are in the midst of negotiating with primary care trusts for the commissioning of these services, best practice guidance, published last week (*PJ*, 25 March, p337), has come at an opportune time.

The document on the commissioning of pharmaceutical services for drug misuse clients was produced by the National Treatment Agency for Substance Misuse in association with the Royal Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee. Alastair Buxton, head of NHS services at the PSNC, said: "The guidance will help commissioners and pharmacies provide high quality services to drug users."

Although the guidance is designed for those parties wishing to implement a new service, many pharmacists are already fully involved in schemes for drug misusers, and — without the availability of such guidance in the past — have built their service with varying degrees of support and success.

One scheme involving five pharmacies in the Lewisham area of south London, for example, involves offering treatment and care services for clients with drug dependence as part of a local pharmaceutical services (LPS) pilot. The programme, still in its infancy, is running for 12 months and is funded by the Department of Health and the Safer Lewisham Partnership, but it is not without a few teething problems.

The pilot has been designed to incorporate community pharmacies into the shared care framework that operates between primary care and substance misuse agencies. The pharmacies are not only offering dispensing and supervision of opiate substitute dosing and a needle exchange service, but are also providing the clients with health advice and sign-posting so they can access further advice and other health services.

Darragh Logan, a pharmacist at PE Logan Pharmacy in Lewisham, involved in the pilot since it began in January, told *The Journal* that the scheme is for new patients just starting to take methadone or Subutex, and not for those who have been previously stabilised.

"We are still trying to recruit patients at the moment — we only have a couple of patients that have started," he said.

Mr Logan said that the service is something that GPs have been looking for in the past year and one that most of them are interested in working with.

The pilot is about "ensuring that the communication network is there, so that the GP is networked with the pharmacist and the pharmacist can talk to the key worker . . . very much putting the patient in the middle of the process", he said.

"It is preferable to get a phone call and introduction from the key worker or the GP . . . [although] the patient can just turn up as well," Mr Logan explained.

Pharmacists from each of the pharmacies involved in the pilot completed the Royal College of General Practitioners certificate in the management of drug misuse, which includes the open learning pack — "Opiate treatment: supporting pharmacists for improved patient care" — from the Centre for Pharmacy Postgraduate Education.

"The [training] programme is usually multidisciplinary," said Mr Logan, "but because there were 15 or more pharmacists involved, we did an accelerated version so that in the end it turned out just to be pharmacists who were doing it."

As part of their involvement with the scheme, all of the pharmacies have had their premises modified to provide the pharmacists and clients with a private consulting area with wheelchair access. The PCT is funding the modifications under the scheme.

"We have redone our counters so that it is easier to provide needle exchange, we have a screened-off area which gives a bit more privacy for patients who require that, and there is also a consultation room which has been installed," said Mr Logan.

But the development of the scheme has not been entirely straightforward. The assessment of interested pharmacies and the pharmacist training began in 2004.

Bijal Shah from Grove Park Pharmacy, one of the other pharmacies involved in the pilot, was concerned that there has been a big investment in time and money, and that, up until now, his pharmacy has not seen any new patients under the scheme. "What I personally feel is that the GPs who are meant to be



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Pharmacists can offer more than opiate substitute consumption services to substance misuse patients

involved in this project are not proactive — because it is a pharmacy led project. . . . They should be really signposting. . . . There is a wide catchment here and there is a big [drug] misuse problem around this area anyway. There is big potential," explained Mr Shah.

Commenting on the delay, Mr Logan said: "You always think these things will take less time than they actually do, but there was probably a lot of work that had to go into it."

According to Lewisham PCT, the pharmacies are paid different rates depending on the type of treatment being offered to patients (for example, daily supervised substitute opiate dosing, £14.40; substitute opiate twice weekly dispensing, £4.80). The PCT plans to evaluate the pilot at three-monthly intervals and at the end of the next financial year. It said that the new pharmacy contract may impact the cost effectiveness of the pilot and that this will influence the decision whether to roll out a second wave and under what conditions.

In terms of whether the scheme would continue as an enhanced service after the 12-month pilot ends, Mr Logan stressed that involvement in the LPS pilot goes beyond needle exchange and opiate substitute consumption supervision. "I would expect [the PCT] to continue with the LPS because it isn't really an enhanced service — there's a lot more to it than that." He said that many parts of the service could be lost if it was just an enhanced service.

"Drug misusers are a very marginalised part of society," said Mr Logan, "and they find it very hard to access treatment. It is about educating them that help is there, and it is just a case of knowing where to find it."