

‘Commissioning Specialist Services for OTC and Prescribed Medicines’

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&

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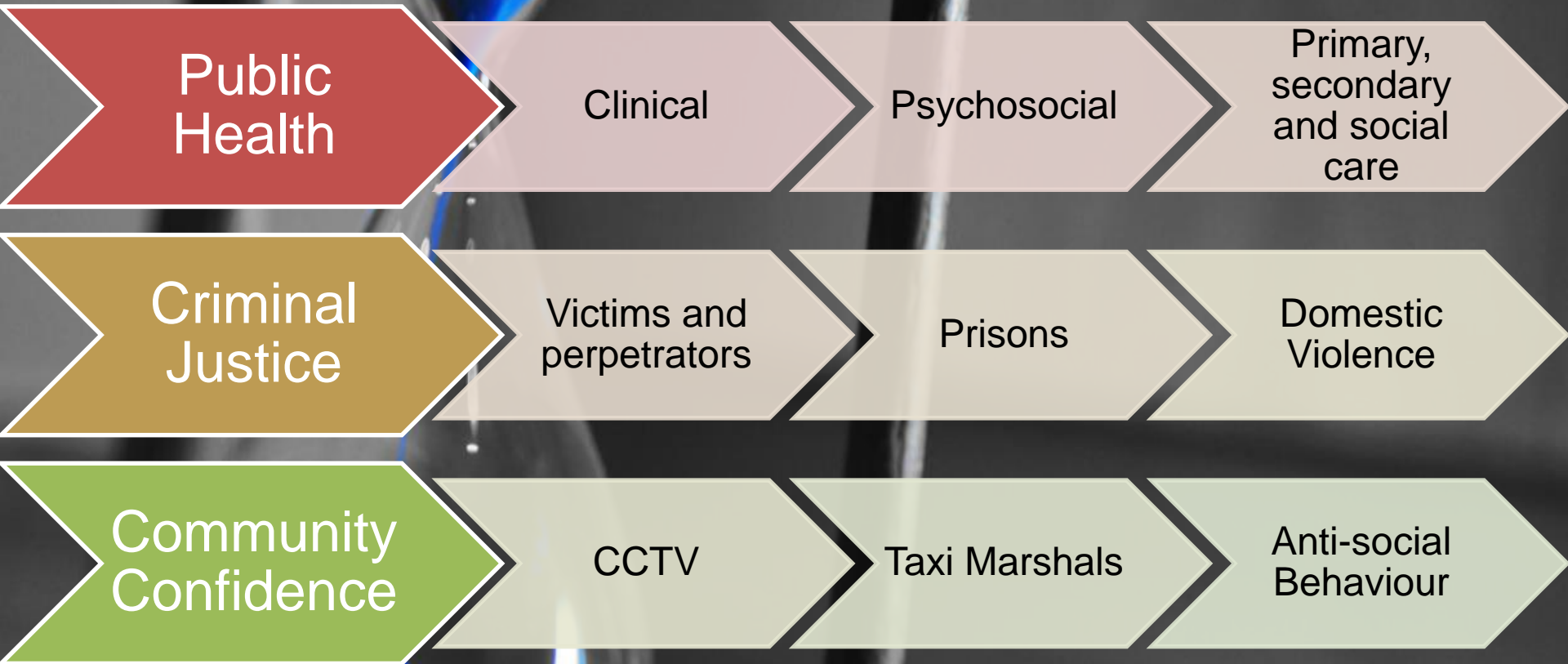
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Professional Background

- HM Prisons Substance Misuse Team
- IDTS National Implementation
- Transferring NHS Health Services
- Community Criminal Justice Services
- Council Substance Misuse Services
- Police & Crime Commissioner VOC
- Public Health Transfer
- GP & Primary Care Commissioning
- CCG, NHSE, OPCC, VSCE Partnerships



Commissioning Portfolio



Content of Presentation

Phase 1

Identify needs
and
consultation

*Professional
Backgrounds*

Phase 2

Governance
&
Establish
Working Group

Phase 3

Implementation
&
Monitoring



Prescribed Medications?

- A relatively recent phenomenon.
- Taking doses above prescribed levels and non-directed use of the prescribed medication by individuals for whom they have not been prescribed.
- It is possible that this may lead to addiction if the process of prescribing by the General Practitioners (GPs), along with improper use of medicine among patients, are not addressed.



Popular Medicines

- Opiates, such as codeine, which are often prescribed to treat pain.
- Central nervous system depressants, such as benzodiazepines (diazepam and tempezepam).
- Antidepressants, such as citalopram and mirtazapine.
- Antihistamines, such as chlorphenamine.
- Stimulants, such as dexamphetamine, to treat Attention Deficit Hyperactivity Disorder (ADHD) or slimming.



Effects

Short-term

- Sedation
- Lack of bodily co-ordination
- Altered states of consciousness
- Gastrointestinal issues such as nausea and diarrhoea
- Changes in blood pressure
- Changes in appetite
- Interactions with other substances such as drug and alcohol

Long-term

- Constipation
- Depressed respiration
- Symptoms associated with withdrawal, including anxiety, depression, seizures, tremor and insomnia
- Tolerance and dependence
- Physical damage to the digestive system, liver and kidneys



PHASE**ONE**E

How do we identify a need and transfer this into a commissioning context?

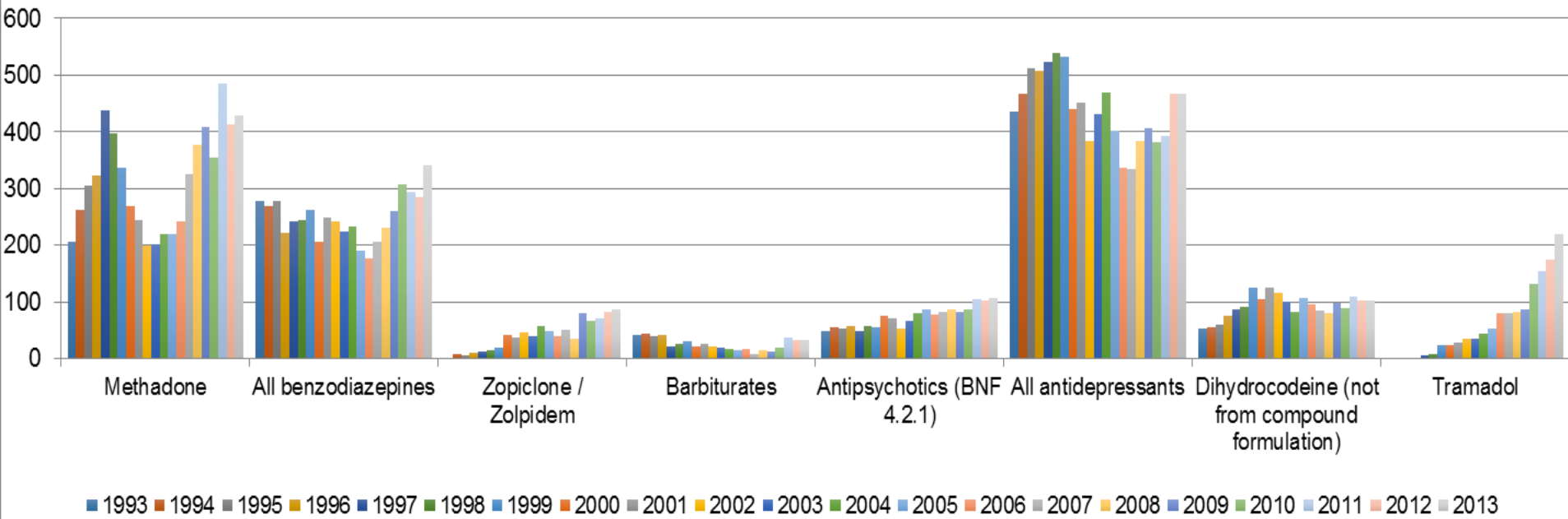
Identifying Local Needs

- Production of a local profile on misuse of OTC and Prescribed Medicines, based on:
 - International data, particularly from the US
 - National data, through ONS and Public Health research data
 - Structured treatment data, through NDTMS
 - Service users' feedback

Prevalence of Prescribed Medications Misuse

- The UK annual number of prescriptions per person has increased from 11.9 in 2001 to 18.3 per person in 2011 (Fox, C. *et al* [2011] 59(8) Journal of the American Geriatrics Society 1477)
- Four out of five people over 75 years take a prescription medicine and 36% are taking four or more drugs (Fox, C. *et al*, *ibid*)
- Adverse reactions to medicines are implicated in 5 - 17% of hospital admissions (Fox, C. *et al*, *ibid*)
- GPs are 46 times more likely to prescribe medication for depression and other mental illnesses instead of other alternatives, such as social prescribing (Nuffield Health, 2014. See: <http://www.nuffieldhealth.com/fitness-and-wellbeing/news/prescribing-exercise-key-to-defusing-ticking-mental-health-time-bomb>)

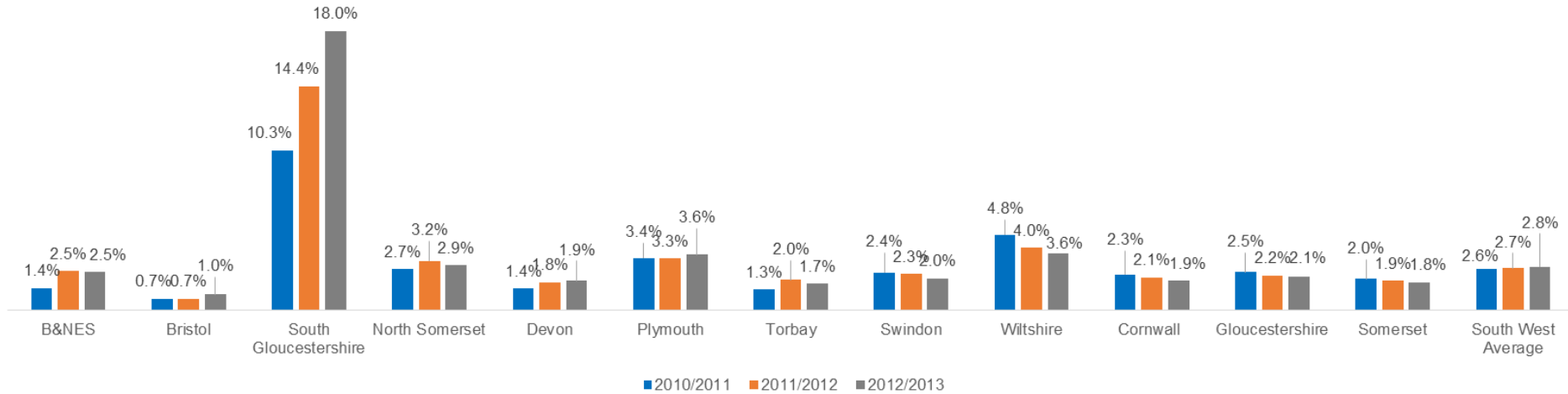
Number of Drug-related Deaths in England and Wales, With Substances Mentioned on the Death Certificate, 1993 - 2013



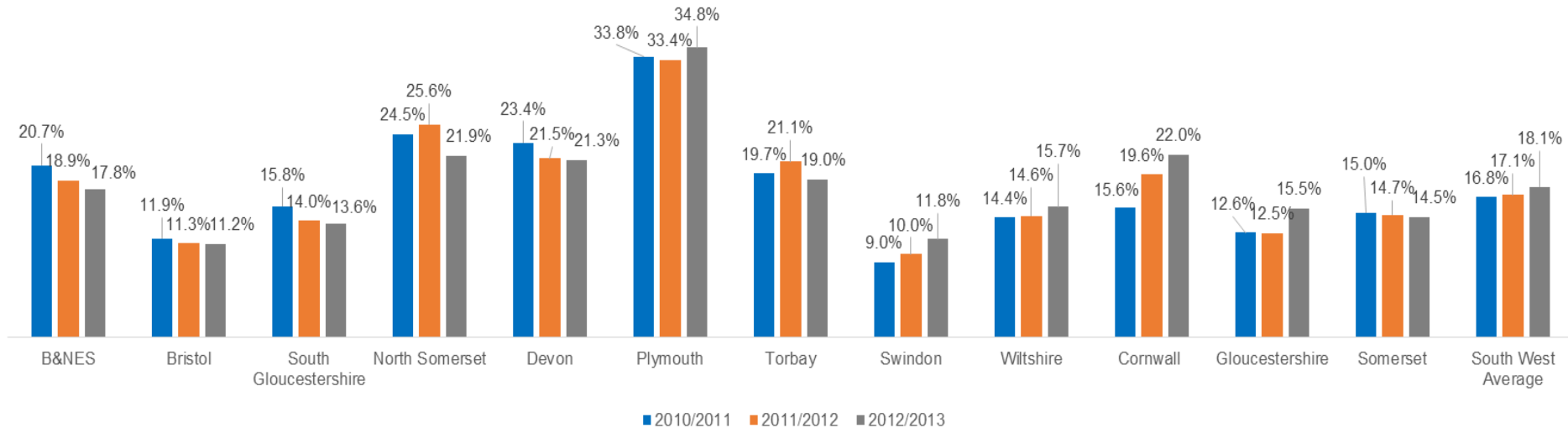
Source: Office for National Statistics


What is the Local Picture? (Source: NDTMS)

% Clients Citing Prescription or OTC (No Illicit Use) 2010 - 2013



% Clients Citing Prescription or OTC (Illicit Use) 2010 - 2013





**Service
Users'
Point of
View**

‘I can remember coming downstairs one morning to find T with a handful of white pills. He quickly put them in his mouth and turned away from me. I asked what they were and he replied, ‘They are for my anxiety, you know that.’

I was worried and needed more information. When speaking to one of his daughters I casually mention it and she informed me that it was the drug known as Valium and he had been prescribed it when he was 18 years old for a shoulder injury.

That was 46 years ago.’ - AS, Carer, August 2014

Local Challenges

- **Assisting the GPs with better prescribing practices** (Stannard, C. 2007, see: http://www.britishpainsociety.org/APPG_report.pdf)
 - **Autonomy and trust**
 - **Incentivisation** (McCarthy, M., 'The Patient Paradox: Why Sexed-up Medicine is Bad for Your Health', Pinter & Martin (2012))
 - **Patients' consent** (Medicines & Healthcare Products Regulatory Agency, 2005. See: <http://www.mhra.gov.uk/home/groups/pla/documents/websiteresources/con2023072.pdf>)
- **Identifiable links between misuse of prescribed medication and social deprivations** (PHE, 2011. See: <http://www.nta.nhs.uk/uploads/addictiontomedicinesmay2011a.pdf>)
- **Availability of data and intelligence**
- **Making connection with the other health services.**

- Consultation of the profile with stakeholders, such as Department of Health, Public Health England, University of Bristol Social Medicine, Lead GPs and other lead specialists.
- Data is incomplete, but we follow precautionary principle in data analysis to take forward the innovation.



Public Health
England

How Has SGC Led the Innovations to Address Misuse of OTC and Prescribed Medicines?



New Landscape of Commissioning

- The Government 2010 Drug Strategy, 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug-free Life'
- Localism Act 2011
- Building Recovery in Communities 2011
- Brave commissioning
- Effective critical analysis
- Collaborative relationships

Leading Innovations

- Provision of Specialist Service in Primary Care
- Empowering Patients to Initiate Behaviour Change
- Publicity
- Issues Surrounding Online Pharmacies
- Linking with Mental Health and Physical Activity Services
- Data and Insights Gathering

How do we develop governance, ownership and engagement?



PHASE

Identifying Suitable Tools

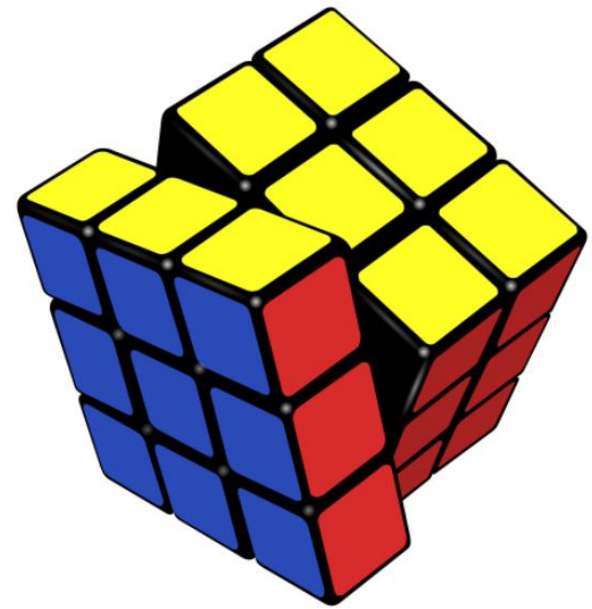
- Conducted a market research exercise to identify an appropriate tool for GPs in identifying cohort of patients at risk with opiate prescribed medications.
- Opioid Risk Assessment Tool (ORAT) is the most appropriate tool in the market, developed by Indivior, in partnership with Harvey Walsh.



Establishing Working Group

The Working Group currently consists of specialists from the following fields:

- Substance Misuse
- Mental Health
- NIHR Clinical Specialist
- GP Leads for Drug and Alcohol
- Indivior
- Harvey Walsh



PHASE 3

Inventing Treatment Pathways

Treatment interventions for patients have been devised to consist of the following elements:

- Clinical
- Psychosocial
- Pain management
- Holistic treatment



Predicted Outcomes

- Identification of patients with resolved pain and the POM use is either linked to dependence, overuse or inappropriate use
- Increased GP confidence, to identify and respond to prescribed medication misuse on presentation.
- Health economics evaluation
- Increased public awareness on prescribed medication misuse, associated harms and the availability of advice, information, and support.
- Improved data collection and information sharing, to inform operational and strategic decision-making.

Any Questions?

