Healthcare Improvement Scotland

Improvement Support for MAT Standards Implementation

Assessing the impact and implications of the MAT standards on community pharmacy services

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Contents

A note on language

The term substance use has been a source of discussion and debate nationally and internationally. There are a wide range of views about the advantages and disadvantages of using this term. Some people with lived and living experience and some professionals prefer to use other terminology to describe this range of symptoms. Within the MAT Standards programme of work, we recognise that this debate can be contentious and polarising. The aim is to respect these differences, whilst carrying out the work of reporting our findings on current services in Scotland and areas for improvement. We aimed to author this report using language that is non-stigmatising. However, we are aware that language tends to evolve rapidly and reflect societal attitude changes towards substance use. If people read this report in the far future, we hope they consider this and our good intentions in using the most widely used and recognised terms available to us at the time.

Executive Summary

One element of the HIS Improvement Support for the MAT Standards Implementation programme is to assess the impact and implications of MAT standards on pharmacy services.

Whilst all sectors of pharmacy contribute to MAT standards delivery, community pharmacy is the sector of pharmacy that has the greatest degree of contact with people who access substance use services and interdependencies with key drug and alcohol use services and communities. Therefore, the first phase of this work focussed on the 1,271 community pharmacy services across Scotland registered with the General Pharmaceutical Council at the end of December 2023. The findings will feed into the design of the HIS national improvement programme to support the implementation of the MAT Standards.

The assessment included:

1. A Literature review
2. Strategic stakeholder interviews
3. Views of front-line service staff
4. Views of lived and living experience stakeholders
5. Cataloguing existing services

Key messages from the assessment are:

- Pharmacy can play a greater part in reducing drug related harm, support recovery, and improving outcomes.
- People who access substance use services recognise the value community pharmacy can bring to supporting recovery.
- The successful delivery of the MAT Standards can only be achieved through an integrated person-centred and people-led improvement approach involving the wider health and social care system, third sector and those with living/lived experience.
- Delivery is best driven locally by the Alcohol and Drug Partnerships (ADPs) collaborating with local stakeholders like Directors of Pharmacy. Chief Officers of Health and Social Care Partnerships are accountable for delivery at a local level. At a National level, integration and alignment across Scottish Government directorates is essential.
- To support progress there is a need to reduce complex and often multiple funding streams.
- There is a need for a ‘Once for Scotland’ approach to reduce unwarranted variation in the range and scope of current substance use services.

- Key enablers to facilitate change are the inclusion of pharmacy in local service planning processes, digital health developments to support clinical communications, care planning, and multi-disciplinary training.
- There are many examples of innovative service provision, and areas of good practice driving successful MAT service delivery within community pharmacy settings which could benefit more communities, if spread across Scotland.

The action believed by stakeholders that will make the biggest difference to the implementation of the MAT standards within community pharmacy would be completion of work to deliver a Scotland wide Package of care model with per capita payments replacing supervision/task-based payments as outlined in the Drug Death Task Force Changing Lives report. This will enable pharmacists to provide individualised care packages for each person in a more holistic and person-centred way and support pharmacy teams to eliminate stigma. We would encourage all stakeholders to unite to deliver this at the earliest opportunity.

We have provided a summary of the recommendations below and categorised them for the attention of the Scottish Government, Health Boards, Service Commissioners, Pharmacy Teams, Educational Providers, and those that cover multiple parts of the system. Recommendations can be found at the end of each chapter and a full list is provided in Appendix 1.

Scottish Government

- The Scottish Government has a key role as a facilitator of change by creating the conditions for the system change required to deliver the MAT Standards in a multi-stakeholder, cross-organisational approach. For example, digital prescribing and dispensing, liaison with UK Government, reducing stigma and promoting trauma informed practice.
- The Scottish Government should consider what can be done to simplify funding streams from the existing complex funding streams for MAT delivery whilst allowing for necessary local flexibility and warranted variation in models provided.
- The Scottish Government should consider if funding for MAT services could be based on local population prevalence of substance use.
- The Scottish Government should implement the actions described in its Achieving Excellence in Pharmaceutical Care strategy to modernise the contractual and planning framework for community pharmacy services which will help ensure alignment with the strategic intention of the National Drugs Mission.

Health Boards

- Ensure processes are in place locally, to include the views of those with living and lived experience into service design/redesign and improvements.

- Review the level of specialist support provided for those using and delivering substance use services and the support for community pharmacy teams to improve transitions and delivery of pharmaceutical care.
- Health board Directors of Pharmacy should develop and finalise a case for a National consultant pharmacist post in this area to improve health outcomes delivered through medication.

Service Commissioners

- Involve community pharmacy and living/lived experience stakeholders in service design to retain/encourage collaborative working and effective working relationships to improve population health outcomes.
- Existing plans for a 'Once for Scotland' approach to service design and outcomes must be extended to review all substance use services delivered through community pharmacy including staff training and use of single health and social care patient records (when implemented).
- Guidance to be developed to inform commissioning and delivery requirements of high quality, safe and effective care that can engage more people in drug and alcohol treatment and reduce drug related harms.

Pharmacy Teams

- Tool to be developed to allow self-assessment of the community pharmacy environment for stigma, effectiveness of signposting and psychological safety.
- Be a key partner in service delivery to individuals and involved in appropriate sharing of a person's information.

Educational Providers

- Review what training and education is required to enable pharmacy teams to deliver the MAT Standards for example trauma informed practice, focusing on undergraduate public health module content and postgraduate public health training materials.

All

- People impacted by substance use must be considered as a priority group for polypharmacy review focused on co-administration of other central nervous system (CNS) depressants and co-morbidities.
- Consider how protected time for pharmacy teams can be implemented and how they can be supported to deliver a physical infrastructure that supports a recovery orientated system of care.

Our findings show that pharmacy currently supports people to manage their own care, despite personal situations or circumstances that may impact on an individual's capacity to do this. Findings from this work evidences the many ways people are supported by pharmacy, whilst challenging us to think about how to better deliver care within the challenging circumstances the system faces to reduce drug related harms and improve outcomes.

Glossary

ADP - Alcohol and Drug Partnership

CPS – Community Pharmacy Scotland

DDTF - Drug Deaths Taskforce

DPDP - Digital Prescribing and Dispensing Pathways

GPhC – General Pharmaceutical Council

HSCP - Health and Social Care Partnerships

IEP – Injecting Equipment Provision

LLE - Living /lived experience

MAT - Medication assisted treatment

MIST - MAT Implementation Support Team

Neo360 - Neo360 is a harm reduction monitoring and reporting solution.

NES – NHS Education for Scotland

OST - Opioid Substitution Therapy, also referred to as ORT (Opiate Replacement Therapy) or OAT (Opiate Agonist Therapy)

PCSP - Pharmaceutical Care Services Plan

RPS – Royal Pharmaceutical Society

SPiSMs - Scottish Specialist Pharmacy in Substance use Management Group

Chapter 1: Introduction and context

Background

In 2019 the Scottish Government created the Drug Deaths Taskforce and prioritised the introduction of standards for MAT. These standards aim to help reduce deaths, and other harms, and to promote recovery. The Scottish Government outlined that *"the standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible, and person-centred to enable people to benefit from treatment for as long as they need."*

MAT refers to the use of medication, such as opioids, together with any psychological and social support in treating and caring for individuals who experience drug use problems.

The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible, and person-centred to enable people to benefit from treatment for as long as they need. The Scottish Government confirmed in February 2024, that they are committed to the MAT Standards being fully implemented in community and justice settings by April 2025, and for them to be sustainable across all settings by April 2026.

Healthcare Improvement Scotland was commissioned by the Scottish Government Drug Policy Division in 2022 to deliver improvement support for the MAT standards implementation programme.

There are four elements to the commission:

1. Develop a national learning system to quickly share innovations in the implementation and delivery of MAT standards across Scotland.
2. Assess the impact and implications of MAT standards on pharmacy services (particularly community pharmacy) and medicine use.
3. Assess the priorities for ADPs where using spread methodology would support acceleration of innovation in service models.
4. Design a national improvement programme which supports MIST with the implementation of MAT standards.

Aim

This report focuses on the second element, assessing the impact and implications of the MAT Standards on the 1,271 community pharmacy services in Scotland. The findings will inform the design of the fourth element, a national improvement programme for MAT standards implementation.

This recommendations report explores two main themes:

1. Understanding pharmacy services and medicine - Catalogue local arrangements for substance use services, including OST that are provided by NHS board pharmacy and community pharmacy services and identifying variance.
2. Defining pharmacy services and medicines -
    - Clarify the expected role of NHS board pharmacy and community pharmacy services to deliver each of the MAT Standards.
    - Confirm that there is sufficient capacity within the NHS board and community pharmacy services to deliver the standards and where there is not, make recommendations to build capacity.
    - Identify the training, support, service, and infrastructure developments that will be required to allow pharmacy services to effectively deliver the MAT Standards.
    - Make recommendations to the Scottish Government regarding modifications of pharmaceutical services contracts required to support the delivery of MAT standards through community pharmacies.

Design and scope

We recognise that all sectors of pharmacy contribute to MAT standards delivery, including primary care, acute, and prison pharmacy settings. Community pharmacy services, and their interdependencies with key sectors and communities, is the sector of pharmacy that has the greatest degree of engagement with people who access substance use services. With this in mind, we have focused our analysis on assessing the impact and implications of MAT standards on community pharmacy services in Scotland.

A timescale of report publication before the end of March 2024 provided an end point for this strand of work and the timelines were set in line with this aim. This would provide 12 months to undertake the remaining parts of the commission related to the impact on pharmacy services, the suitability for spread, and feed into the development of the National Improvement Programme.

We have considered this across four principal areas within this report:

- Desk review and strategic stakeholder interviews
- Connecting with front-line and living experience stakeholders
- Cataloguing existing services, and
- Strategic considerations.

In doing so we will present a summary of:

- The range and scope of substance use services currently available through community pharmacy by undertaking a national mapping exercise.

- The existing capacity within community pharmacy services to deliver services which support the MAT Standards.
- The type of training, support and infrastructure developments required to enable community pharmacy services to effectively deliver services which support the MAT Standards.
- Examples and areas of good practice driving successful MAT service delivery within community pharmacy settings.

Chapter 2: Desk Review

Literature scan and interview analysis

A desk review was completed to carry out a rapid literature scan and analysis of stakeholder interviews to explore potential facilitators and barriers for the delivery of MAT standards in community pharmacies.

We used a Google Scholar title keyword search, for reviews and then for primary research articles related to experiences or implementation of MAT-related services in community pharmacy

Except for provision of injecting equipment provision (IEP), many of the insights contained within the desk review are reflected in the recommendations from the Royal Pharmaceutical Society (2021) Scottish policy document '*Pharmacy's role in reducing harm and preventing drug deaths'*.

During the desk review process the 2022/23 National Benchmarking Report on implementation of the MAT Standards was released by Public Health Scotland. This reported that MAT implementation priorities over 2023/24 should benefit all people affected by problematic drug use including women, young people, people living in remote and rural areas and people who use benzodiazepines and stimulants. The MAT Standards also highlight the need to tackle the associated issues that often accompany substance use, some examples of which are: health deprivation, homelessness, and social exclusion as part of a holistic support package.

The full version of this work and analysis is published on the HIS website and can be found on this link. The short version of the work can be found on this link.

Key themes

Knowledge and confidence

- Some interviewees felt the underlying principles of the MAT Standards could be broadly applied to everybody who visits a pharmacy.
- Access to health and social care records, e-prescribing, and a team around the person (and pharmacist) to support clinical decision making could support same day access.
- There is no mandatory training on substance use in practice and at undergraduate level. Pharmacists will have varied levels of experience and working relationships across sectors.
- All roles within a team interact with people and may benefit from training. Multidisciplinary training with local professions may also support local connection-making.

Relationships and engagement

- Community pharmacy as an entity may not consistently have a 'seat at the table' in strategic and commissioning conversations.
- Community pharmacies offer a uniquely positioned 'front door' to primary care, may see people most often, and are well placed to understand their needs.
- Pharmacies can represent a source of hopeful, recovery-focused care however there are often inconsistencies around delivery.
- People using MAT really value having conversations with friendly and welcoming pharmacy teams and develop positive, supportive, trusted working relationships.
- Some staff (in common with the general population) can represent a source of stigma by treating people accessing MAT differently to people accessing other services. Examples of stigmatising 'blanket' rules such as different queues or entrances are in place in some community pharmacies.
- When designing or reviewing services, key groups within and external to the UK to include are academia, those with living and lived experience and third sector organisations.

System support and structures

- The perspectives of families did not appear to be well represented in the literature. Insights from interviews suggested families would welcome involvement of community pharmacy in strategic conversations and would advocate take home naloxone supply being in place for any opioid substitution service.
- Pharmacies can remove barriers where possible and provide a welcoming and supportive MAT environment when they are appropriately trained and supported to do so.
- Ideally people will feel they can come into a stigma free, non-judgmental environment. Access to a private consulting room may support assessment and a person's care.
- Links may already exist between community pharmacy and other primary care practitioners, and given the right information and clear referral pathways pharmacy teams can encourage people to access other interventions.
- Interviewees highlighted gaps in system communication for people who are released from prison and require MAT.
- Community Pharmacy does not routinely have access to digital clinical communication with substance use teams and is often not included in care planning discussions.

If you wish to understand more about the literature scan and interview analysis relating to pharmacy services and their ability to support delivery of the MAT Standards the full version of this work and analysis is published on the HIS website and can be found on these links - short and long versions.

Recommendations

Recommendations are made below based on the key points identified in this chapter, more details on the recommendations can be found in the full published report on the Healthcare Improvement Scotland website.

Recommendation 2.1: All pharmacy stakeholders consider the reflections on relationships and engagement, knowledge and confidence, and system support and structures from the literature scan and stakeholder interviews.

Recommendation 2.2: All service commissioners and training providers consider the training and infrastructure suggestions made by stakeholders in interviews for community pharmacy implementation of MAT standards.

Recommendation 2.3: All service commissioners to ensure all community pharmacies hold and distribute 'one-hit' IEP equipment as a minimum, with more specialist IEP distribution based on needs assessment.

Recommendation 2.4: Scottish Government to provide clarification on the use of funding to reduce the risk of reduced community pharmacy shared care clinics because of the publication of PCA(M)(2023)04.

Recommendation 2.5: All commissioners should ensure that community pharmacy is considered when commissioning decisions are made about primary care services.

Chapter 3: Connecting with Living/Lived Experience and Service Delivery Stakeholders

Introduction and context

A member of the project team gathered informal feedback from stakeholders who were involved in face-to-face service delivery and those with living or lived experience as part of routine data gathering to understand the views of those closest to the point of service delivery.

Discussions took place covering a total of six areas which were a mix of ADP areas and health board areas. The geographical spread ensured a mix of people from both urban and rural areas.

Six focus groups were evaluated through informal discussion which explored participants thoughts on topics being discussed, the sessions themselves, and any additional comments they might have made.

All participants provided feedback and were given many opportunities to be involved in discussions. Additionally, participants appreciated the opportunity to discuss the topic and be involved in the work as well as welcoming the chance to provide feedback on the systems they were operating within.

Key findings

Location

- Distance to a pharmacy was cited as a barrier to treatment in several areas, despite community pharmacies being better placed than any other primary care provider. This was identified as more of an issue in more rural areas.
- Stakeholders mentioned the benefits of pharmacies being a location where they could access drug checking facilities as part of their harm reduction provision.

Relationships

- The relationship that people who access substance use services have with their pharmacy teams was cited by several stakeholders as being a positive relationship.
- Some stakeholders mentioned that they felt pharmacy could be a ‘hub’ for targeting vulnerable people to sell their MAT or purchase illicit or diverted drugs.

Availability of services

- Limitations in the interventions pharmacy teams can make was mentioned by some stakeholders. For example, due to a lack of communication channels and not having read and write access to health and social care records.

- Opening hours was cited by several stakeholders as a barrier to treatment, this falls into two parts:
    - Opening hours beyond the normal 9am to 5pm, Monday to Saturday, if people were trying to hold down employment, undertake volunteering or training.
    - Potential discriminatory behaviour by pharmacies restricting the times MAT therapy can be collected without a good reason.
- Stakeholders mentioned the need for pharmacies to support people during the out-of-hours period such as evenings and weekends when people cannot obtain their prescribed medication.

Recommendations

Recommendations are made below based on the key points identified in this chapter.

Recommendation 3.1: All commissioners should ensure those with living and lived experience are involved in service design and review.

Recommendation 3.2: Strategic stakeholders such as Universities, GPhC, RPS, NES, SPiSMs, NHS Community Pharmacy Leads, Directors of Pharmacy and Community Pharmacy Scotland to work together to promote a non-stigmatising culture within pharmacy teams, develop a self-assessment of the community pharmacy environment for stigma, effectiveness of signposting and psychological safety and share progress with each other.

Recommendation 3.3: Scottish Government Digital Health and Care Directorate to support the need for the healthcare system to implement a single health and social care record allowing pharmacy staff appropriate read/write access.

Recommendation 3.4: Scottish Government Drug Policy Division should support local areas in planning to ensure people accessing substance use services and those delivering the services can obtain specialist support across the 24/7 period.

Recommendation 3.5: Healthcare Improvement Scotland should undertake further work to understand the views of those with living and lived experience in relation to service design and provision of substance use services. This will build upon the existing Healthcare Improvement Scotland 'Participation toolkit' that is available for stakeholders to use to plan engagement activity.

Chapter 4: Cataloguing Existing Services

Background

Current community pharmacy services to support those impacted by substance use have been commissioned and planned around local needs and financial resources. Whilst this is in many ways how services should be delivered; it can lead to inconsistencies in service delivery through differences in scope of service and in the funding available to pay for services when comparisons are made between localities and board areas. Work was undertaken to quantify this variation.

Design and data collection

A survey was sent by email to all 14 NHS Territorial Boards in Scotland to better understand several factors related to community pharmacy service delivery.

These factors included:

- Services offered.
- Fees paid by commissioners for services.
- Pharmacy staff supporting substance use services.

The survey was in the field between 18 September 2023 and 06 October 2023. The health boards that had not completed the survey within this time were contacted on two further occasions by the project team to ensure they had opportunity to be included in this research if a response was received by 13 October 2023. Responses were received from 12 Health Boards covering 99.1% of the population. No response was received from NHS Orkney or NHS Western Isles.

Staff levels were captured as a snapshot on 01 October 2023 and fees were taken as those on 31 March 2023 prior to any financial uplifts at the start of a new financial year.

The survey comprised 29 questions, and focused on the services that are widely commissioned across most health boards as well as identifying where services are delivered more sporadically.

Discussions were held with colleagues in the Data Measurement and Business Intelligence (DMBI) team within Healthcare Improvement Scotland for advice and support on collating information and processing the responses.

Towards the end of our report production, a stakeholder proposed there may be value in using the metric of service provision against prevalence. For example: staff (WTE) per 1000 people estimated to have a substance use disorder. Whilst we were unable to adjust our report, we recognise this may provide a useful metric to demonstrate variance in pharmacy

focused substance use resource relative to the prevalence of substance use across Scottish health boards.

Key findings

Package of care

- Most health boards have adopted 'Package of care' models, meaning pharmacies are paid a set fee per person per month for delivering a package or bundle of care. These have replaced previous supervision/task-based 'item of service' based payments and is in line with the Drug Death Task Force's Changing Lives report for this to occur across all Health Boards.
- There is considerable variation in the scope of services offered and the fees paid for services across the NHS in Scotland.
- Some of the payment mechanisms are complex and services are funded from multiple sources.

Service Type	Minimum Cost per person per Month	Maximum Cost per person per Month
Oral Buprenorphine	£40	£77
Injectable Buprenorphine	£40	£75
Methadone	£46.25	£77

Table 1. Details of maximum and maximum fees for OST person-centred care – Package of Care.

Service Type	Minimum Cost per Supervision/ Administration	Maximum Cost per Supervision/ Administration
Oral Buprenorphine	£3.40	£5.20
Injectable Buprenorphine	£40	£40
Methadone	£3.26	£3.85

Table 2. Details of maximum and maximum fees for OST person-centred care – Item of Service.

Naloxone provision

- Prior to the roll-out of the national holding of take-home naloxone for emergency use, most boards had this in place as a locally negotiated service.

- Half the boards in Scotland have a locally negotiated service in place to distribute take-home naloxone to people who use drugs and those in contact with them.

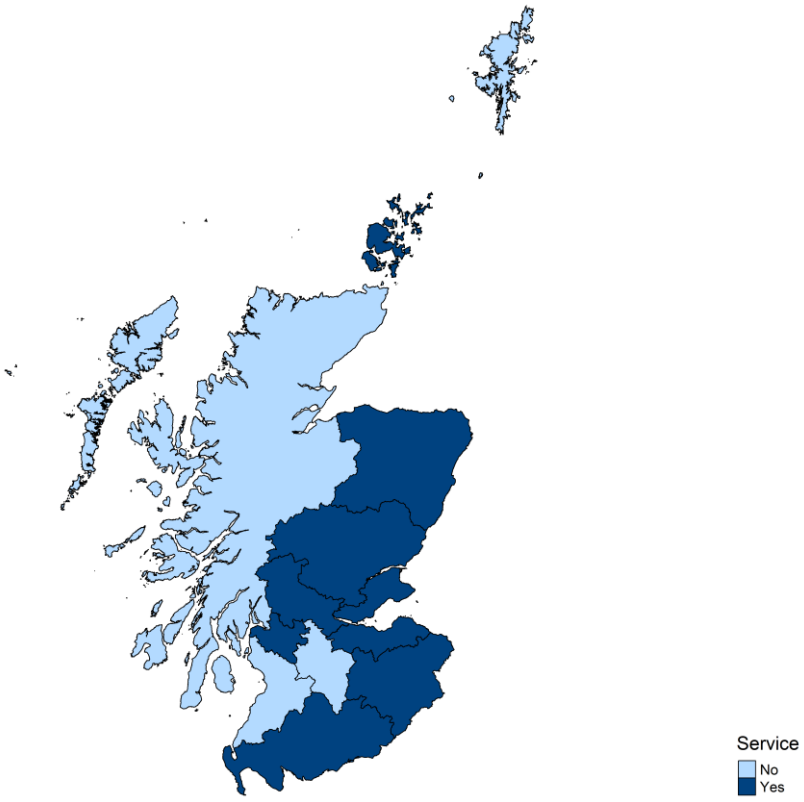

Figure 1. Naloxone Distribution Service by health board.

Injecting Equipment Provision

- Every health board who responded has in place provision of Injecting Equipment through some of their community pharmacies.
- All health boards in Scotland use Neo360 as the method of recording IEP transactions through community pharmacy.
- There is considerable variation in payment structures across the 12 health boards we had details for.

Other substance use services

- No health boards in Scotland currently have a service in place to test for blood borne viruses like Hepatitis and HIV.
- Four health boards in Scotland have in place a locally negotiated service to supervise alcohol treatments like disulfiram or acamprosate. Two are based on fees per person per month, the other two are based on fees per supervision.
- Only two health boards reported having in place an Alcohol Brief Intervention Scheme, and one of these was a small-scale pilot in three pharmacies.

Specialist support

- All 12 health boards who responded have at least one specialist pharmacist in substance use working at a strategic level at an ADP or health board level.
- Some health boards report having pharmacy technicians working to support substance use services at an ADP or health board level.
- No health board reports having pharmacy support workers working to support substance use services.
- Funding for many of these posts is of a temporary or fixed term nature.
- Vacancy rates for these specialist posts was higher than the average for the overall pharmacy workforce.

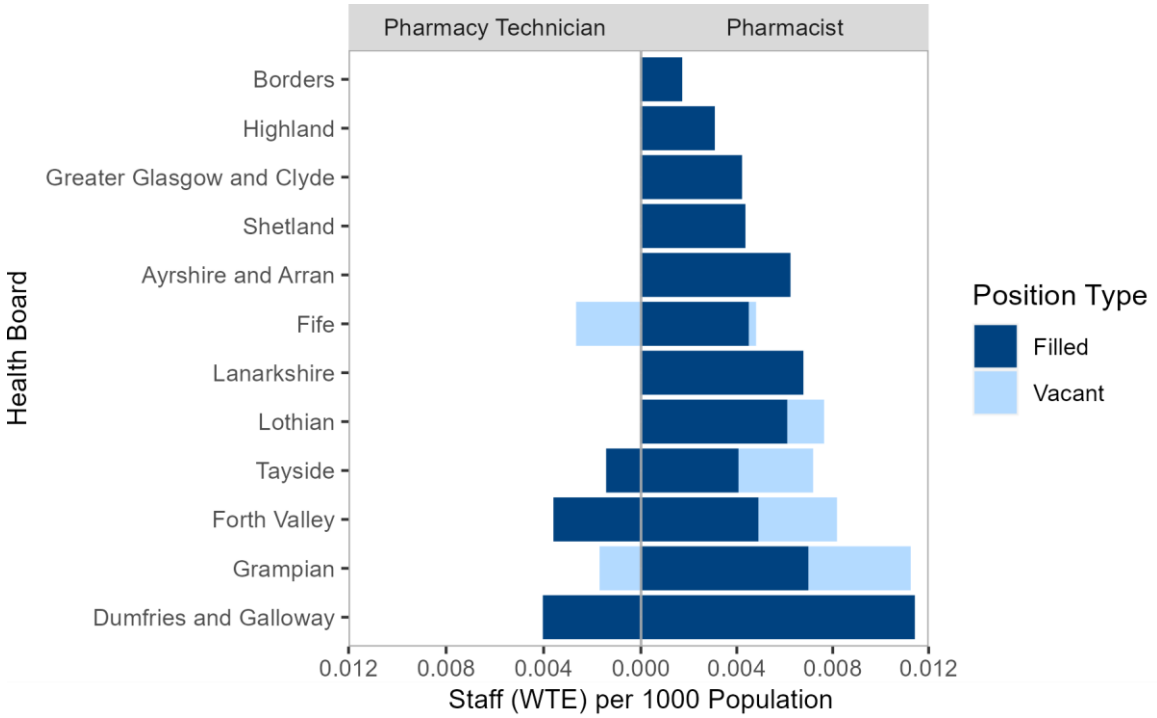

Figure 2. Pharmacy Staff (WTE) per 1,000 population in health board Area – Vacancy rate.

Recommendations

Recommendations are made below based on the key points identified in this chapter.

Recommendation 4.1 Scottish Government should take the lead on clarifying where Boards will fund the proposed pharmacy 'Package of Care' from. They should also review the distribution of wider substance use funding to Health and Social Care Partnerships based on actual population prevalence of substance use.

Recommendation 4.2: A nationally agreed service specification for the 'Package of Care' must be developed with input from the wider system including living and lived experience, third sector and academia. It should be implemented by strategic pharmacy stakeholders alongside any necessary training and supporting infrastructure at the earliest opportunity.

Recommendation 4.3: Once the 'Package of Care' service has been embedded, the Scottish Government should review where similar services are delivered and commissioned across Scotland; to lead on a 'Once for Scotland' approach enabling equitable service delivery of services related to substance use. For example: Injecting Equipment Provision (IEP), Blood borne Virus (BBV) Testing, Hepatitis C eradication pathways, Supervision or administration (Buvidal) of substance use treatments and distribution of take-home naloxone (THN).

Recommendation 4.4: All health boards should ensure that sustainable funding is provided to ensure ongoing specialist pharmacist support (who are engaged with the SPiSMs network) for substance use service governance, design, and support. Directors of Pharmacy should develop and finalise a case for a National consultant pharmacist post in the area to improve health outcomes delivered through medication.

Recommendation 4.5: Strategic pharmacy stakeholders should consider a single 'Once for Scotland' approach to the provision of IEP services, to reduce variation in service delivery, costs, training requirements, outcomes, recording system functionality, and complexity. This will provide a baseline of provision that can be supplemented by services developed in response to additional local needs.

Chapter 5: Strategic Considerations

Introduction and context

Undertaking health needs assessments are the foundation of public health practice to ensure the best outcomes in terms of health gain through the resources available in the most efficient way. The Smoking, Health and Social Care (Scotland) Act 2005 introduced a statutory requirement that NHS boards publish a Pharmaceutical Care Services Plan (PCSP) which is required to:

- Provide a comprehensive picture of the range, nature and quality of NHS pharmaceutical care provided with the NHS board area, and
- Identify local needs and gaps within the NHS board area; making recommendations of priorities and actions to target and remedy these unmet needs.

Community pharmacy is well recognised for the part it plays in delivering person centred care and services that can contribute to the public health agenda specifically behavioural change, promoting healthy lifestyles and supporting people to understand and manage their own health conditions thereby maximising health gains at a population level. Pharmacies in Scotland are primarily located in areas of deprivation in what has been referred to as the 'Positive Pharmacy Care Law.' The image below shows a combined 20-minute walking Isochrone around the locations of community pharmacies in a Scottish town as an example of the accessibility of community pharmacy to the most deprived areas in Scotland.

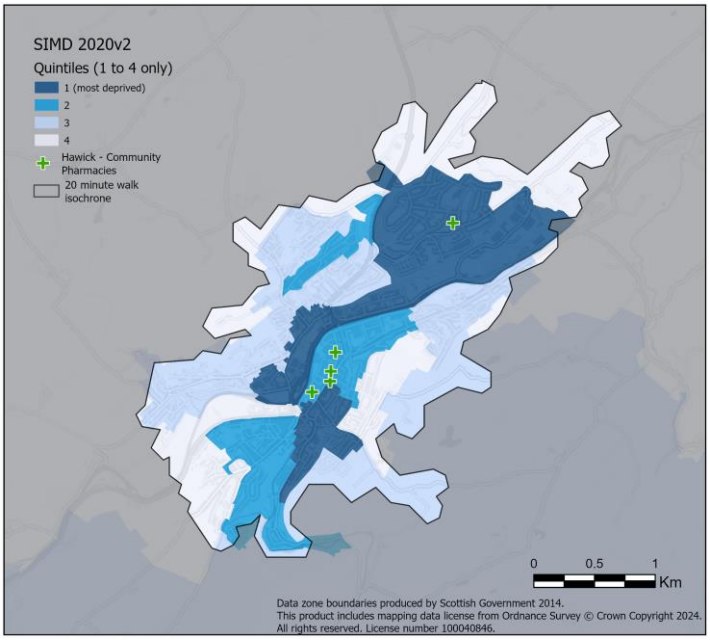

Figure 3. Combined 20-minute walking Isochrone around community pharmacy locations in Hawick, Scottish Borders overlayed on a map of SIMD 2020 Quintiles.

In relation to substance use and services available through community pharmacies, there is a clear route for service delivery of interventions to reduce harm, as pharmacies are predominantly located in deprived communities where most drug related deaths and harms occur. The primary route for commissioning pharmacy services for substance use is through the ADPs, to supplement this the outcomes of any needs assessments must be identified in the Pharmaceutical Care Services Plan.

The determination of the service needs at an ADP level are explored in the next two sections outlining methods by which ADPs can ensure the right services are commissioned in the right locations.

Effective strategic planning is achieved through understanding the needs of the population and aligning those needs in the most effective and efficient way with the resources available in the system. Healthcare Improvement Scotland developed 'The Good Practice Framework for Strategic Planning' to support organisations in implementing successful strategic planning principles and strategies that drive sustainable change.

Previous work undertaken by a Healthcare Improvement Scotland Strategic Planning Advisor working within the team supporting improving pathways to residential rehabilitation, has brought together readily available data from a range of sources to form a community risk profile for each ADP area. This looks at three elements:

1. demographics
2. population behaviours, and
3. intentional and unintentional impact of strategic decisions on services.

This work on community risk profiles should also be considered alongside Community Risk Profile Analysis (heat maps) to identify the communities with the highest levels of vulnerability based on a range of indicators which are linked to important life outcomes. This allows local planners to ensure that the right services are in the right places.

To understand community pharmacy and the wider system it sits within, the diagram below was produced and shows the linkages, dependencies, and challenge points. It is also reproduced in Appendix 2.

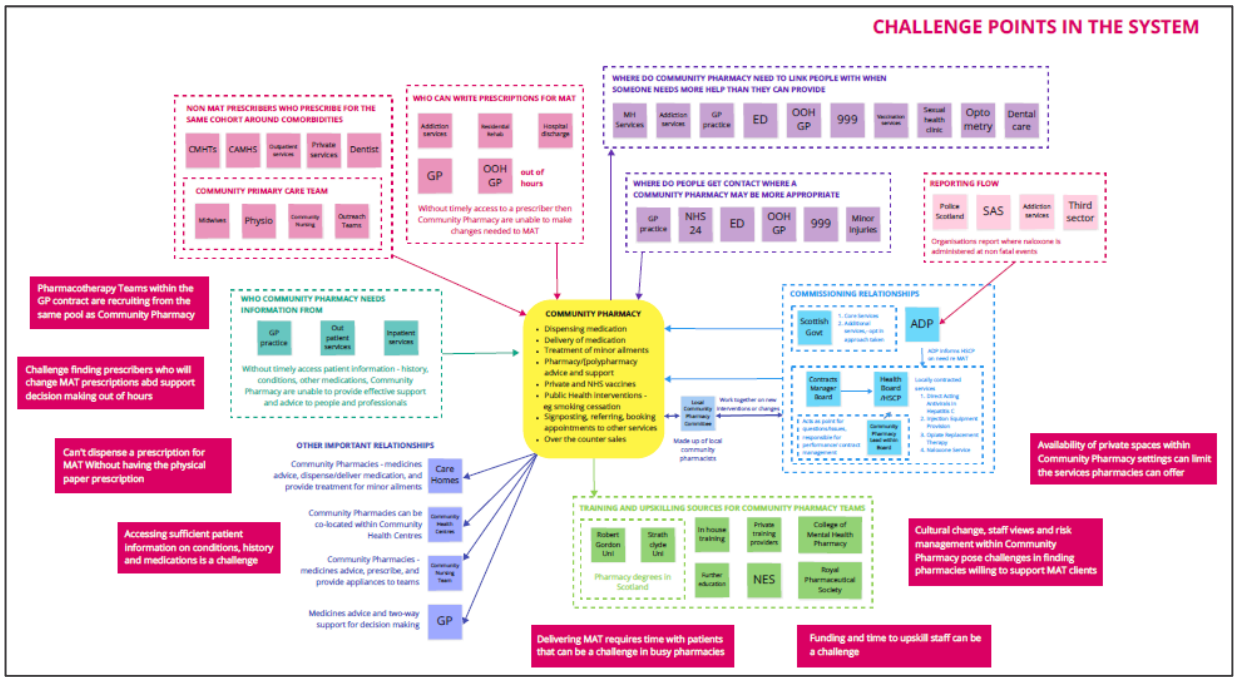

Figure 4. Challenge Points for Pharmacy within the current system.

A vision statement was produced by the project team to outline a vision or aspiration of what community pharmacy in 2030 could look like. This formed part of work to identify what could be delivered and is included in Appendix 3.

The project team also worked as part of a short-life working group led by a former NES Scottish Pharmacy Clinical Leadership Fellow. The group aimed to develop a consensus statement using published evidence and best practices for providing substance use services from community pharmacies in Scotland. The statement was produced collaboratively with Directors of Pharmacy (DoPs), Community Pharmacy Scotland (CPS), Scottish Specialist Pharmacy in Substance use Management Group (SPiSMs), and Primary Care Community Pharmacy Group (PCCPG) and is contained in Appendix 4. The consensus aims to undertake the first stage in this process by defining what best practice looks like as a precursor to the development of a nationally agreed specification based on a per capita system of payment which form two of the recommendations (69 and 70) in the Changing Lives document, the final document published by the Scottish Drugs Death Taskforce in July 2022.

Building on this work and taking cognisance of other similar documents published across the UK, for example the recent Office for Health Improvement and Disparities (OHID) *'Community Pharmacy: delivering substance misuse services'*. There is a need for guidance to support the pharmacy team and commissioners to ensure the commissioning and delivery of high quality, safe and effective care that can engage more people in drugs treatment and reduce the associated harms.

Key findings

Needs assessment

- To ensure that ADPs commission the right services in the right locations, it is essential they undertake a needs and risk assessment. Community pharmacy is a key part of the delivery route, and the outcomes of the needs assessment must feed into the board's Pharmaceutical Care Services Plan.
- As part of the pharmacy needs assessment process, a key partner for consultation and contribution to the plan should be the ADP to ensure services to support people who use substances are considered and plans to close any gaps are developed. To support boards with this implementation, further discussions should take place between pharmacy stakeholders whether to create a standard specification of need to be included within each board's Pharmaceutical Care Services Plan.

System mapping

- Recruitment and retention of pharmacy staff is an ongoing challenge.
- A combination of staff turnover and a lack of protected learning time presents a significant challenge in ensuring all staff have the knowledge, skills, and confidence to support people.
- The current requirement to have a paper prescription present in the pharmacy before opioid substitution therapy can be supplied is impacting on the initiation and retention in MAT treatment.
- Delivering MAT requires time with people that can be a challenge in busy pharmacies.
- Community pharmacy premises can be a limitation to the delivery of pharmacy services.
- ADP performance against the MAT Standards, requires a multidisciplinary approach across health and social care services, including the third sector, and pharmacy is at the heart of this.

A vision for community pharmacy

- Pharmacy stakeholders have a clear vision of what could be delivered through community pharmacies currently and in the future, an outline of this can be found in Appendix 3.
- Stakeholders felt that pharmacies were located geographically, and from a social network perspective, at the heart of their communities.
- Community pharmacy has a long history of successfully delivering public health interventions to reduce morbidity and mortality.

Stakeholder consensus

- Across Scotland there is evidence that community pharmacy teams already play a key role in supporting people who use substances by providing treatments, harm reduction interventions and offering signposting to support services.

- There is a strong network of information sharing and networking by NHS pharmacy service leads and community pharmacy representatives at a local and national level aiming to deliver continual service improvement.
- Community pharmacy, with the right support, resources and opportunities can do more to deliver on the MAT Standards to reduce drug related harm.
- Successful delivery of MAT will only be realised if pharmacy is a strategic partner in the design, planning, and delivery of services.
- Pharmacy stakeholders must include people impacted by substance use as a priority group for polypharmacy review. This will reduce the risk of drug related harm in people with co-administration of other drugs like central nervous system depressants and those with co-morbidities like respiratory or cardiovascular disease. It will also support engagement of this group with wider Primary Care services to improve physical health needs.

Recommendations

Recommendations are made below based on the key points identified in this chapter.

Recommendation 5.1: Scottish Government should encourage stronger links between ADP planning and Pharmaceutical Care Services planning in relation to substance use services to ensure the right services are provided in the required location.

Recommendation 5.2: Strategic pharmacy stakeholders should progress and report on how protected learning time can be implemented for all pharmacies as part of their core opening hours.

Recommendation 5.3: Scottish Government directorates should fully implement the options available to them to support the initiation and retention on OST in relation to prescription requirements with appropriate clinical governance frameworks to support safe delivery. For example, through Digital Prescribing, dispensing pathways, and ways to permit dispensing of OST in advance of the paper prescriptions like that undertaken during the COVID pandemic.

Recommendation 5.4: Pharmacy stakeholders should consider what can be done to ensure pharmacy premises are fit to deliver the services required now and in the future through service assurance processes.

Recommendation 5.5: Community Pharmacy Scotland and the Scottish Government should implement the national 'package of care' as detailed in the Drug Deaths Taskforce (DDTF) Changing Lives report at the earliest opportunity alongside the necessary training to ensure effective delivery of services.

Recommendation 5.6: Pharmacy teams must include people who use substances as a priority group for polypharmacy review to reduce drug related harm and deaths.

Recommendation 5.7: Scottish Government to lead on guidance to support the pharmacy team and commissioners to ensure the commissioning and delivery of high quality, safe and effective care that can engage more people in drugs treatment and reduce the associated harms.

Chapter 6: Exploring Changes

Introduction and context

The potential scope for change in relation to community pharmacy is extensive as evidenced through stakeholder interviews and literature review. However, it needs to be recognised that community pharmacy sits within an extensive health and social care landscape that is also required to change to facilitate this. This section will focus on the wider system and support structures that community pharmacy operates within and what is needed to make change happen.

Key findings

There is a need to consider what is within scope for pharmacy to change itself without any outside support, what requires significant system support and what involves major structural change. The diagram below demonstrates how these can be stratified to allow us to understand the scale of change required.

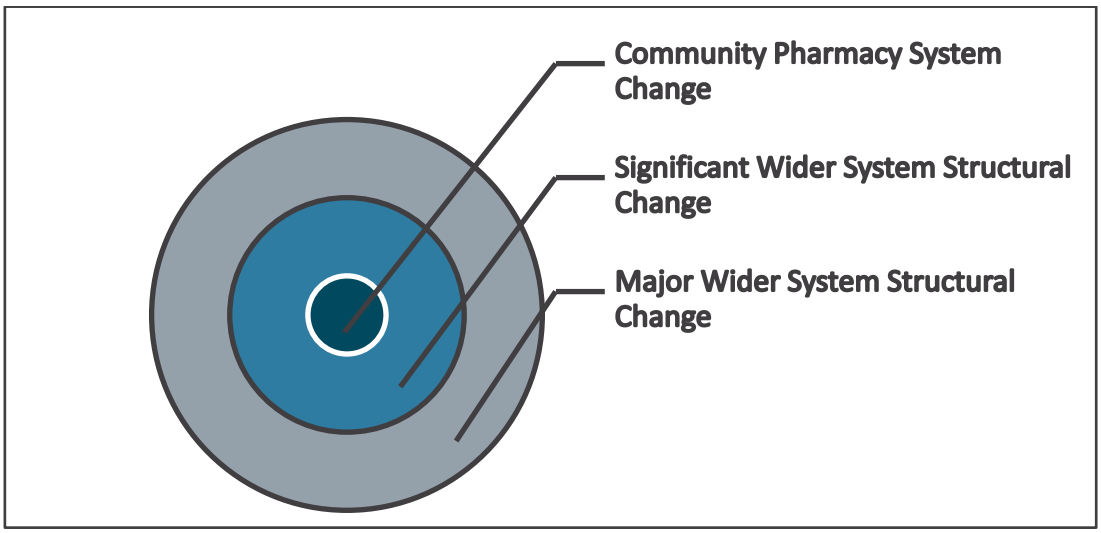

Figure 5. Target diagram illustrating layers of change types.

Community pharmacy system change

- A key area within the control of pharmacy to change is reducing stigma, a change in culture and behaviours could be implemented without the need for wider system support. This would also contribute significantly to delivering trauma informed practice as the key foundation is to show understanding and compassion to all people using pharmacy services.
- Pharmacy must also work wider than the traditional or current model centred around pharmacists, pharmacy technicians and pharmacy assistants; using learning from the

wider scope of staff introduced within GP practices as part of the 2018 changes to the General Medical Services contract.

- There is a need for a robust health needs assessment process to ensure that funding and commissioning is appropriately and proportionately directed to the areas of need.
- There is a need for training of all pharmacy staff across a broader range of areas, related but not exclusive to, supporting people who use substances, for example trauma informed care and stigma.
- There is a need for a strategic review of services delivered by community pharmacies to ensure that care accessed close to home is balanced against capacity and capability to deliver services. These changes may then impact on the relationship and activities of other sectors of pharmacy and could be explored as part of health and social care redesign and the pharmaceutical care services planning process.
- There is a need when reviewing and developing services for a 'Once for Scotland' approach to reduce variation in commissioning and delivery, that there may be need for local flexibility to meet population need.
- As part of any 'Once for Scotland' approach, workload shift must be scoped for tripartite working between health boards, contractor representatives and the Scottish Government working with CPS to reach a single national agreement.
- To deliver the aspirations and potential role for pharmacy discussed within this document, there is a need for pharmacy teams and stakeholders to build wider connections and working relationships than currently exists.

Significant structural change

- To support the training needs and development of professional relationships there needs to be protected learning time for pharmacy staff.
- There is a need for local and national strategic decisions around how Primary Care will operate most effectively and efficiently, avoiding duplication, improving pathways, and focusing on professional expertise, as primary care providers have a finite capacity to deliver services.
- There is a need for Integrated Joint Boards to consider how services are commissioned and closing strategic relationship gaps across health and social care stakeholders. This is only possible where pharmacy stakeholders participate in decision making and strategic planning decisions for example, through local strategic planning groups.
- To support the delivery of shared care irrespective of the clinical condition being treated, there is a need for Integrated Joint Boards to lead on the development of clear clinical guidelines and expectations around prescribed treatment agreements, procedures, communication protocols, access to support for pharmacists' decision making, and person-centred outcomes for the various elements of the package of care being delivered.

Major structural change

- There is a need for system wide change to deliver the IT infrastructure to allow for record sharing and the 'single health and social care record.' This will reduce the risk of harm through reliving of trauma and from non-person-centred decisions because of lack of access to information recorded elsewhere in the system.
- Whilst Pharmaceutical Care Services Plans can be used to invite new pharmacy applications to fill gaps in pharmaceutical care need, there is variation across Scotland and whether this appears in Board plans. The current process for awarding new pharmacy contracts is a long and legalistic process taking many years to complete and is often not responsive to meeting the need for a new community pharmacy in a location in a timely manner. This contrasts with the more local commissioning process to secure services from existing community pharmacy services which is rightly much more agile and responsive to local needs.

Recommendations

Recommendations are made below based on the key points identified in this chapter, more details on the recommendations can be found in Appendices 5 and 6.

Recommendation 6.1: Scottish Government should take a lead role in how they can work with pharmacy stakeholders to embed the principles of trauma informed practice and reducing stigma within the pharmacy environment. Where possible make undertaking this training and the provision of psychological support networks for pharmacy teams mandatory.

Recommendation 6.2: Strategic stakeholders need to review how both ADP and pharmaceutical needs assessments are undertaken and that the resultant commissioning, pathways, and processes involve pharmacy strategic stakeholders and living and lived experience as part of the process.

Recommendation 6.3: All pharmacy stakeholders should embrace opportunities to progress the appropriate sharing of a person's information to avoid the risk of actual physical and mental health harms.

Recommendation 6.4: Scottish Government should take a lead role in conjunction with other pharmacy stakeholders into how they can embed protected time for pharmacy staff training and development of professional relationships.

Recommendation 6.5 The Scottish Government should implement the actions described in its Achieving Excellence in Pharmaceutical Care strategy to modernise the contractual and planning framework for community pharmacy services which will help ensure alignment with the strategic intention of the National Drugs Mission.

Recommendation 6.6: Scottish Government Drug Policy Division should take a lead role in working with colleagues across the UK to prompt a review of the Drug misuse and dependence: UK guidelines on clinical management guidance which were last reviewed in 2017 and felt by many stakeholders to no longer reflect current practice for example some therapeutic treatments or approaches like injectable buprenorphine.

Recommendation 6.7: Directors of Pharmacy should work with primary care community pharmacy leads to ensure that community pharmacy teams can access referral pathways where they exist. This will support all people who use community pharmacy.

Conclusions and risks

Community pharmacists are often the healthcare professionals who have the most contact with people receiving MAT, whilst interactions are high volume and often brief, there is a need to make them as effective as possible. Pharmacies are in an advantageous position to provide a wide range of healthcare interventions to identify and reduce the risk of harms from substance use. The part that pharmacy has played over many decades in delivering actions that contribute to reducing drug related deaths is key and now forms a core part of pharmaceutical care.

Those pharmacies commissioned to provide core or local services that support people impacted by substance use, like OST and related pharmaceutical care, must ensure that every opportunity is taken to provide support, signposting and promoting concordance in line with the treatment plan. This is achieved by open communication between all those involved in their care, to obtain the best outcomes from the use of MAT by providing equitable, high-quality care to all people accessing treatment for their drug use.

Across Scotland there is evidence that community pharmacy teams already play a key role in supporting people impacted by substance use by providing treatments, harm reduction interventions and offering signposting to support services. There is a strong network of information sharing and networking at local and national levels with an aim to deliver continual service improvement. Appendix 5 provides some examples of how community pharmacy currently supports the full list of MAT standards.

Community pharmacy, with the right support, resources and opportunities can do more to deliver on the MAT Standards to reduce drug related harm, however this will require improved integration with existing services and improved communications. As we have seen from the annual reports published in relation to performance against the MAT Standards, ADP service improvements require a multidisciplinary approach across health and social care services, including the third sector, and pharmacy is at the heart of this.

There is a need to look at the holistic issue of the contributing and associated factors surrounding substance use like health inequalities, social deprivation, mental health, housing insecurity and social isolation. It is key to engage staff working directly with people as well as those at a strategic level as they are often overlooked as having lived experience of how the system operates.

Risks for the achievement of MAT standards aims are distributed across local and national bodies, including the sharing of strategic risk for achieving those aims. ADPs act on behalf of Health and Social Care Partnerships and health boards and carry risks for operational delivery of services operating within the MAT Standards framework. Any recommendations made as part of the outputs from HIS work cannot be taken forward in isolation and must be part of

wider system changes and discussions recognising responsibilities for pharmacy service commissioning, funding, governance, and oversight at a local level for these services.

High-level summary of risks identified so far

Workforce

- Difficulty in engaging the current workforce effectively.
- Obstacles in allocating time for both conducting training sessions for the workforce and developing the necessary training materials.
- Constraints in workforce capacity, impacting the delivery of services to the required standards.

Financial

- Unclear funding situation around the package of care and several boards facing financial challenges to deliver services.
- A potential risk exists when funding is ring-fenced exclusively for specific Primary Care contractors dealing with substance use. If these contractors locally decide against offering Medication-Assisted Treatment (MAT) services, the allocated funds cannot be redirected to commission alternative primary care providers, such as community pharmacies, to deliver these services.

Reputational

- Considering the political sensitivities surrounding drug-related deaths in Scotland, coupled with the adverse outcomes experienced by individuals, there exists a substantial pressure to implement the necessary changes and achieve the desired outcomes to align with the standards at a local level.

Next steps

The successful delivery of the MAT standards can only be achieved through an integrated improvement approach through ADPs as the responsible commissioning partnership and Chief Officers of Health and Social Care partnerships accountable at a local level. This integrated approach needs to occur at all levels, including national, through a cross-governmental and cross-professional approach.

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Appendix 1 – Full List of recommendations

The table below details the recommendations from the areas we considered within this report. We have divided them into 5 themes and ordered based on the timescale around implementation to support prioritisation:

Commissioning		
Reference	**Description**	**Timescale for Implementation**
Recommendation 3.1	All commissioners should ensure those with living and lived experience are involved in service design and review.	6 months
Recommendation 5.1	Scottish Government should encourage stronger links between ADP planning and Pharmaceutical Care Services planning in relation to substance use services to ensure the right services are provided in the required location.	6 months
Recommendation 2.5	All commissioners should ensure that community pharmacy is considered when commissioning decisions are made about primary care services.	12 months
Recommendation 3.5	Healthcare Improvement Scotland should undertake further work to understand the views of those with living and lived experience in relation to service design and provision of substance use services. This will build upon the existing Healthcare Improvement Scotland 'Participation toolkit' that is available for stakeholders to use to plan engagement activity.	12 months
Recommendation 4.2	A nationally agreed service specification for the 'Package of Care' must be developed with input from the wider system including living and lived experience, third sector and academia. It should be implemented by strategic pharmacy stakeholders alongside any necessary training and supporting infrastructure at the earliest opportunity	12 months
Recommendation 5.5	Community Pharmacy Scotland and the Scottish Government should implement the national 'package of care' as detailed in the Drug Deaths Taskforce (DDTF) Changing Lives report at the earliest opportunity alongside the necessary training to ensure effective delivery of services.	12 months
Recommendation 5.6	Pharmacy teams must include people who use substances as a priority group for polypharmacy review to reduce drug related harm and deaths.	12 months

Recommendation 2.3	All service commissioners to ensure all community pharmacies hold and distribute 'one hit' IEP equipment as a minimum, with more specialist IEP distribution based on needs assessment.	2 years
Recommendation 4.3	Once the 'Package of Care' service has been embedded, the Scottish Government should review where similar services are delivered and commissioned across Scotland to lead on a 'Once for Scotland' approach enabling equitable service delivery of services related to substance use. For example: Injecting Equipment Provision (IEP), Blood borne Virus (BBV) Testing, Hepatitis C eradication pathways, Supervision or administration (Buvidal) of substance use treatments and distribution of take-home naloxone (THN).	3 years
Recommendation 6.2	Strategic stakeholders need to review how both ADP and Pharmaceutical needs assessments are undertaken and that the resultant commissioning, pathways, and processes involves pharmacy strategic stakeholders and living/lived experience as part of the process.	2 years
Recommendation 4.5	Strategic pharmacy stakeholders should consider a single 'Once for Scotland' approach to the provision of IEP services to reduce variation in service delivery, costs, training requirements, outcomes, recording system functionality, and complexity. This will provide a baseline of provision that can be supplemented by services developed in response to additional local needs.	3 years

Education		
Reference	**Description**	**Timescale for Implementation**
Recommendation 3.2	Strategic stakeholders such as Universities, GPhC, RPS, NES, SPiSMs, NHS Community Pharmacy Leads, Directors of Pharmacy and Community Pharmacy Scotland to work together to promote a non-stigmatising culture within pharmacy teams, develop a self-assessment of the community pharmacy environment for stigma, effectiveness of signposting and psychological safety and share progress with each other.	12 months

Funding		
Reference	**Description**	**Timescale for Implementation**
Recommendation 2.4	Scottish Government to provide clarification on the use of funding to reduce the risk of reduced community pharmacy shared care clinics because of the publication of PCA(M)(2023)04.	6 months
Recommendation 4.1	Scottish Government should take the lead on clarifying where Boards will fund the proposed pharmacy 'Package of Care' from. They should also review the distribution of wider substance use funding to Health and Social Care Partnerships based on actual population prevalence of substance use.	6 months
Recommendation 4.4	All health boards should ensure that sustainable funding is provided to ensure ongoing specialist pharmacist support (who are engaged with the SPiSMs network) for substance use service governance, design, and support. Directors of Pharmacy should develop and finalise a case for a National consultant pharmacist post in the area to improve health outcomes delivered through medication.	2 years

Relationships		
Reference	**Description**	**Timescale for Implementation**
Recommendation 2.1	All pharmacy stakeholders consider the reflections on relationships and engagement, knowledge and confidence, and system support and structures from the literature scan and stakeholder interviews.	6 months
Recommendation 5.2	Strategic pharmacy stakeholders should progress and report on how protected learning time can be implemented for all pharmacies as part of their core opening hours.	2 years
Recommendation 6.4	Scottish Government should take a lead role in conjunction with other pharmacy stakeholders into how they can embed protected time for pharmacy staff training and development of professional relationships.	2 years

System		
Reference	**Description**	**Timescale for Implementation**
Recommendation 2.2	All service commissioners and training providers consider the training and infrastructure suggestions made by stakeholders in interviews for community pharmacy implementation of MAT standards.	6 months

Recommendation 6.3	All pharmacy stakeholders should embrace opportunities to progress the appropriate sharing of a person's information to avoid the risk of actual physical and mental health harms.	6 months
Recommendation 3.4	Scottish Government Drug Policy Division should support local areas in planning to ensure people who access substance use services and those delivering the services can obtain specialist support across the 24/7 period.	12 months
Recommendation 5.7	Scottish Government to lead on guidance to support the pharmacy team and commissioners to ensure the commissioning and delivery of high quality, safe and effective care that can engage more people in drugs treatment and reduce the associated harms.	12 months
Recommendation 6.7	Directors of Pharmacy should work with primary care community pharmacy leads to ensure that community pharmacy teams can access referral pathways where they exist. This will support all people who use community pharmacy.	12 months
Recommendation 3.3	Scottish Government Digital Health and Care Directorate to support the need for the healthcare system to implement a single health and social care record allowing pharmacy staff appropriate read/write access**.**	2 years
Recommendation 5.3	Scottish Government directorates should fully implement the options available to them to support the initiation and retention on OST in relation to prescription requirements with appropriate clinical governance frameworks to support safe delivery. For example, through Digital Prescribing, dispensing pathways, and ways to permit dispensing of OST in advance of the paper prescriptions like that undertaken during the COVID pandemic.	2 years
Recommendation 6.1	Scottish Government should take a lead role in how they can work with pharmacy stakeholders to embed the principles of trauma informed practice and reducing stigma within the pharmacy environment. Where possible make undertaking this training and the provision of psychological support networks for pharmacy teams mandatory.	2 years
Recommendation 6.6	Scottish Government Drug Policy Division should take a lead role in working with colleagues across the UK to prompt a review of the Drug misuse and dependence: UK guidelines on clinical management guidance which were last reviewed in 2017 and felt by many stakeholders to no longer reflect current practice or some therapeutic treatments like injectable buprenorphine.	2 years

Recommendation 5.4	Pharmacy stakeholders should consider what can be done to ensure pharmacy premises are fit to deliver the services required now and in the future through service assurance processes.	3 years
Recommendation 6.5	The Scottish Government should implement the actions described in its Achieving Excellence in Pharmaceutical Care strategy to modernise the contractual and planning framework for community pharmacy services which will help ensure alignment with the strategic intention of the National Drugs Mission.	3 years

Table 3-Table summary of recommendations

Appendix 2 – Challenge Points in the system

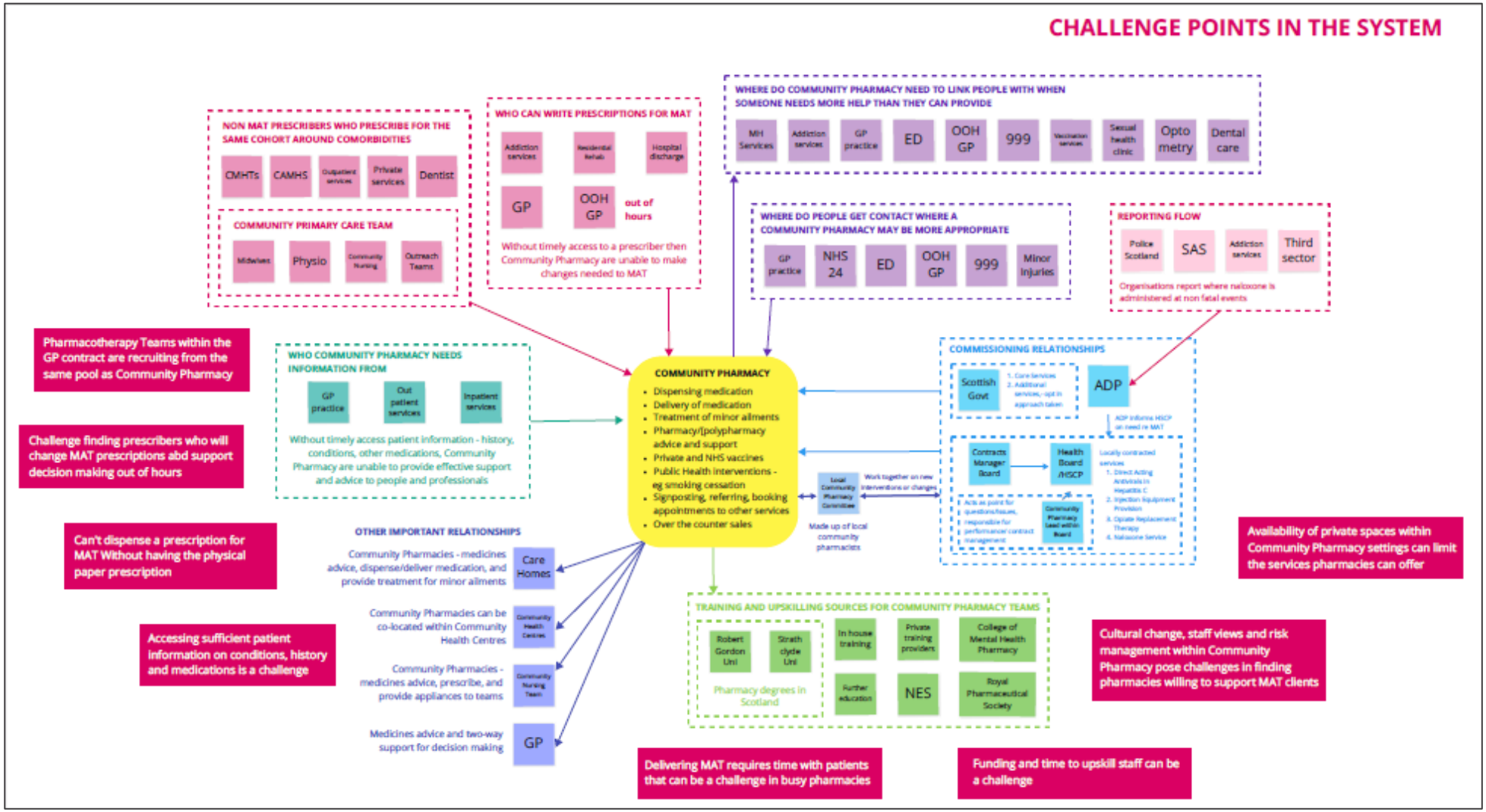

Figure 4. Challenge Points for Pharmacy within the current system

Appendix 3 - 2030 Vision

This section will present a vision for community pharmacy as one in which pharmacies utilise their local and accessible situation to deliver seamless care for people working together as an integral part of health and social care teams. Pharmacies will take a person-centred approach focusing on the whole person and what matters to them. Pharmacies will be at the centre of the delivery of high quality, safe, effective, and sustainable prescribing.

One area of strength will be the range of clinical services aimed at supporting people impacted by substance use. The close geographical relationship between pharmacies in Scotland and areas of deprivation which are most impacted by substance use is shown below for Pharmacies in Scotland and has been described as the positive pharmacy care law [1].

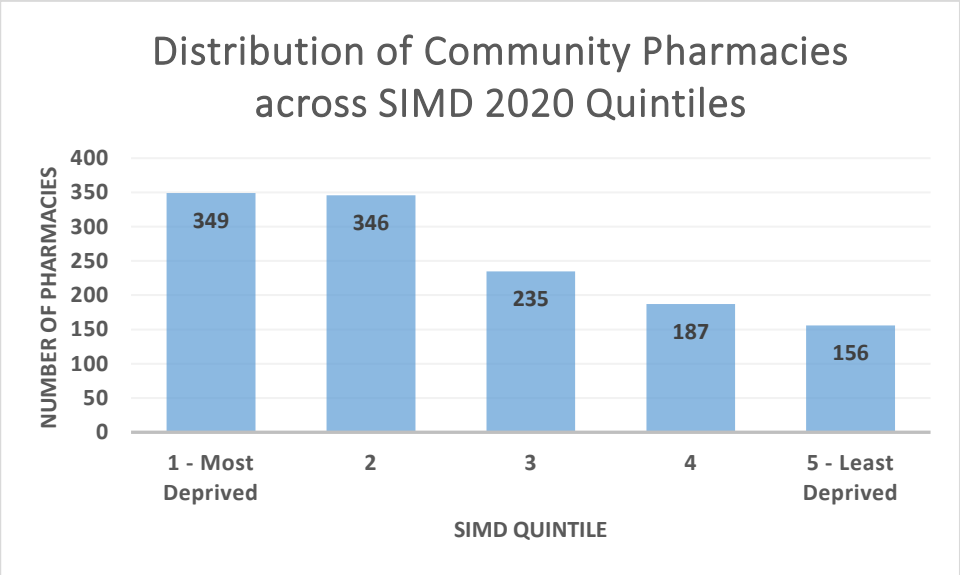

Figure 6. Distribution of Community Pharmacies across SIMD Quintiles

The National Drug Mission in Scotland[2] launched in 2022 to reduce drug deaths and improve the lives of those impacted by drugs, provided an opportunity for pharmacy to demonstrate that they are at the heart of a public health centred approach being the most effective way forward where individuals, families, and communities:

- have the right to health and life – free from the harms of alcohol and drugs.
- are treated with dignity and respect.
- are fully supported within communities to find their own type of recovery.

Pharmacies will develop into local healthcare hubs[3] by allowing their consulting rooms to be used by visiting health professionals and by people to have a remote consultation with an NHS professional using digital technology. This will support a reduction in the number of people having to travel for appointments and help reduce digital exclusion where people do not have their own device for digital consultations or the digital skills to use it.

A key factor in the success of services delivered via pharmacies is built on a foundation of respectful, non-stigmatising and friendly conversations[4]. The development of positive social links beyond those who also use substances or are looking to engage others in using substances [5,6]. People who use substances are receptive to services beyond the supply of MAT for example, providing information about treatments in a person-centred manner and advocating on behalf of people around changes to treatment plans[4].

One of the key facets of the mission are the Scottish Government Medication Assisted Treatment (MAT) standards[7] which will provide an opportunity for pharmacy to further develop their services to recognise that for many people, substances have been used to cope with difficult emotions and issues from the past. Community Pharmacy teams will support people to develop positive relationships and new ways of coping as these are just as important as having the right medication [4,5,6].

Whilst pharmacists are uniquely placed as the experts in medicines, not all person-centred care requires the use of medicines and as part of being healthcare hubs; pharmacies also have a key role in promoting social prescribing, by linking people to non-medical support in their community like exercise, education, books, art, healthy living, and green gyms (outdoor exercise) on prescription[8]. This is particularly significant for people impacted by substance use where social isolation often goes hand in hand with substance use and peer support can be an invaluable part of their recovery through recovery networks and cafes.

The publication of the MAT Standards and the Government's response to the Drugs Death Taskforce report, Changing Lives[9,10] provides an opportunity for step change in the way services provided by community pharmacies to support people impacted by substance use are delivered and structured involving those with living and lived experience in the design. There will be a move from services that are commissioned and funded locally based on the number of activities undertaken by pharmacy staff which results in a 'post-code lottery' of service provision; to single nationally agreed specifications for the care of people impacted by substance use that ensures equitable access to services as part of a 'package of care measures' that also encompasses person-centred outcome measures.

Provision of services to support people impacted by substance use through community pharmacies have long been commissioned. For example, for the supply and supervision of MAT, supply of injecting equipment provision, to providing naloxone supply for emergency use [4,5,6,11] and research has shown many positive outcomes for people who use substances through interventions made by community pharmacy teams[4,5,6,12]. The first service to be adopted will be the package of care around the supply and supervision of MAT which puts in place a foundation that pharmacy services can build on to deliver their contribution to the MAT Standards[9,10].

One MAT standard that Pharmacy Teams will particularly embrace is MAT standard 6 "*The system that provides MAT is psychologically informed; routinely delivers evidence-based low intensity psychosocial interventions; and supports individuals to grow social networks."* and MAT standard 10 *"All people receive trauma informed care."* The delivery of trauma informed services will ensure that anybody visiting a community pharmacy is treated in line with the 5 key principles of trauma-informed practice[7] which are detailed at the end of this document.

At the heart of the drug related deaths crisis in Scotland is the impact of Polypharmacy due to the use of multiple substances culminating in an increased risk of harm and death. Pharmacy teams with their unique expert knowledge will demonstrate the key value in talking to all people whether they are impacted by substance use or not[7]. The 7 step Polypharmacy process[13] developed by the Scottish Government's Therapeutics branch provides an evidence based, person-centred review of medicines to

work with people to determine when the medication risks begin to outweigh benefits for them as an individual. The aim of addressing this is to identify those people at greatest risk of harm and to agree a medication regimen that is tailored to their changing needs and expectations.

A change in the content of pharmacy undergraduate education to increase the focus on the role of public health awareness and advocacy for vulnerable individuals will bring about a cultural change from the bottom of the career ladder and research will continue to show that over time pharmacy teams are perceived as being less stigmatising[14]. From 2026 all newly qualified pharmacists will become prescribers at qualification, this alongside funding across NHS Scotland to allow existing pharmacists to obtain prescribing qualifications will achieve the aim of most pharmacists being prescribers[3].

Pharmacy staff and in particular pharmacists will now be supported with training on working with people who use substances at all levels of training from undergraduate through to postgraduate continuing professional development. This will remove the barrier reported around a lack of knowledge on how to manage people who use substances [15]. Training in the areas of addiction, pain, counselling, motivational interviewing, conflict resolution and trauma informed care will give pharmacy staff the knowledge and tools to be more confident to deliver interventions with people and challenge prescribing by others that may cause harm[15]. Pharmacy teams will be much less likely to refer someone with suspected substance use disorder to their GP and much more likely to initiate interventions like harm reduction, prescribing MAT and providing person-centred care.

The combination of increased knowledge and skills alongside a prescribing qualification held by most pharmacists will lead to many pharmacies delivering enhanced levels of care and it will be routine for pharmacists to prescribe and administer all forms of MAT. A significant benefit to people will be the ability to receive their MAT review appointments at a time convenient to them in their local pharmacy this will support engagement in treatment and reduced unsupported discharges. The ability of pharmacies to provide long-acting buprenorphine administration in pharmacies will be offered by all pharmacies building on the skills many developed by offering vaccination services like flu, covid and travel.

The delivery of the MAT Standards through health and social care partnership working including the 3rd sector will provide the final push that was needed to ensure the delivery of a combination of advances in digital innovations, alongside support from data governance colleagues.

Pharmacies will have access to a single shared health and social care record for people, with full read and write access to records appropriate to job roles. This will allow information sharing to take place routinely across health and social care teams in a way that ensures that anybody seeing a people has the most up-to-date information, this will also contribute to delivering trauma informed care as people no longer have to tell their story multiple times and re-live trauma[7].

Full electronic prescribing and transfer of prescriptions will release time for pharmacy staff to focus on medicines safety, particularly in relation to prescriptions for controlled drugs used for substance use and palliative care this will enable pharmacies to be able to dispense a prescription as soon as it has been authorised removing the previous barrier of needing to have the paper prescription before a supply can be made, with a resultant negative impact on their care. This has significant benefits to people who can have a consultation either remotely or in person and then their treatment dispensed the same day allowing ‘same day initiation’ of MAT therapy in line with MAT standard 1[7].

Key principles of trauma-informed practice

1. Safety
Efforts are made by pharmacies to ensure that staff and the people who use pharmacies feel physically and psychologically safe. This includes reasonable freedom from threat or harm and attempts to prevent further re-traumatisation.

2. Trustworthiness
Transparency exists in each pharmacies policies and procedures, with the objective of building trust among staff, people who use pharmacies, and the wider community.

3. Choice
People who use pharmacies and staff have meaningful choice and a voice in the decision-making process of the organisation and its services.

4. Collaboration
Pharmacies recognise the value of staff and people's experience in overcoming challenges and improving the system. This is evidenced through the formal and informal use of peer support and mutual self-help.

5. Empowerment
Efforts are made by pharmacies to share power and give people who use pharmacies and staff a strong voice in decision-making, at both individual and organisational levels.

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Appendix 4 – Consensus Statement

Following review of the evidence and best practice for the provision of substance use services from community pharmacies in Scotland, the following is a consensus statement produced collaboratively by Directors of Pharmacy (DoPs), Community Pharmacy Scotland (CPS), Scottish Specialist Pharmacy in Substance use Management Group (SPiSMs), Public Health Pharmacy Network (PHPN) and Primary Care Community Pharmacy Group (PCCPG).

Best Practice Guidance

To ensure the highest standards of care community pharmacies will:

Dispense and, where agreed, administer, or supervise the self-administration of prescribed MAT. Administration or supervised self-administration should be offered in a consulting room or secluded area which protects the person's dignity and takes their preference's into account.

Have regular conversations with people about their medication and side effects and support people to be informed about different treatment options. This includes provision of written and/or verbal information on medicines and harm reduction advice.

Provide barrier-free access to substance use services. Pharmacies will provide same-day access to prescribed medication, available for the entire pharmacy's contracted opening hours. Prescriptions must be dispensed with reasonable promptness considering the pharmacy's legal and professional obligations. If a pharmacy has concerns regarding safe capacity for delivery of services, they will contact their Health Board team to discuss concerns and explore options.

Support people to remain in treatment as MAT is protective against drug-related harms and deaths. Pharmacy teams must adopt a person-centred, non-discriminatory, and fair approach to the care of people who access substance use services.

Perform a clinical risk assessment, including a person's presentation, appropriateness of dose, drug interactions, contraindications, and other relevant factors to reduce risks of harm to the individual and the wider population.

Remain alert of risks to and from the person in treatment, for example vulnerable adults and children, gender-based violence and other forms of abuse or neglect. Where these are suspected, they will follow local procedures to discuss concerns.

Maintain regular communication with the prescribing service around any circumstances which may affect a person's wellbeing or risk of harm. Suggested circumstances are:

- Three consecutive missed daily doses of OST. In some cases, it will be appropriate to contact the drug treatment service sooner after one or two consecutive missed daily doses. Pharmacists should use the information they have available to them along with their professional judgement to make a person-centred decision on how soon to report missed doses.

- Causes for concern, for example: intoxication, destabilisation, poor presentation, frequent but non-consecutive missed doses, changes to pattern of attendance. This is not an exhaustive list.
- Legal or clinical prescription issues.
- Changes to supervision requirements (increase or decrease) based on attendance to balance risk of harm versus supporting recovery.
- Sharing information relevant to progress with treatment or positive change.

Hold an emergency stock of naloxone for use or supply in the event of an opioid overdose in the vicinity of the pharmacy. Pharmacy staff should be trained to recognise the signs of opioid overdose and be able to administer naloxone in an emergency.

Provide harm reduction interventions, or signposting where services are not available at that location. For example: take-home naloxone (THN) and Injecting Equipment Provision (IEP).

Engage with an annual Public Health Blood Borne Virus (BBV) campaign as provided by the Health Board, which may include: display of relevant posters and literature, audit of individuals regarding up-to-date BBV tests, supporting on-site BBV testing and signposting people to treatment.

Provide referral and/or signposting to other health and social care services and agencies, including general practice, benefits and welfare, housing, and mental health. Pharmacies will utilise local referral pathways. Pharmacies will also support same day referral to drug treatment services as part of the MAT Standards.

Offer a user-friendly, non-judgmental person-centred, and confidential service which promotes the use of non-stigmatising language and attitudes. This includes adopting a trauma-informed environment and approach to service delivery which is supported by the training detailed below. Pharmacy staff should be aware that many people accessing treatment for their drug use have a history of complex trauma which may impact on their ability to access and fully benefit from the support they need.

Ensure all pharmacy staff involved in the provision of substance use services undertake and keep up to date with the following essential training:

	Pharmacist	Pharmacy Technician	Pharmacy support staff
NES (NHS Education for Scotland) Turas eLearning packages: Substance Use: Core Module and The Principal Drugs used in Scotland and their Associated Risk	✓	✓	
SDF (Scottish Drugs Forum) e-learning module: Overdose Prevention, Intervention and Naloxone. (also available on Turas as Community Pharmacy Emergency Naloxone Holding Service: Educational Modules)	✓	✓	✓
NES National Trauma Training Programme: Trauma Informed resources	✓	✓	✓
NES National Trauma Training Programme: Trauma Skilled resources	✓	✓	
NES: Reducing risk and stigma	✓	✓	✓

Table 4-Table of training for Pharmacy Staff

Participate in audit and feedback. Examples are: levels of people's engagement; treatment outcomes; Needle Exchange Surveillance Initiative (NESI); service evaluation involving those with lived and living experience. The pharmacy will adopt an approach of continuous Quality Improvement around the services they deliver.

Follow Standard Operating Procedures (SOPs) covering all aspects of service provision and make SOPs available to all members of staff and locums.

Summary

Across Scotland there is evidence that community pharmacy teams already play a key role in supporting people impacted by substance use through providing treatments, harm reduction interventions and offering signposting to support services. There is a strong network of information sharing and networking at local and national levels with an aim to deliver continual service improvement. Appendix 5 provides some examples of how community pharmacy currently supports the full list of MAT standards.

Community pharmacy, with the right support, resources and opportunities can do more to deliver on the MAT Standards to reduce drug related harm. As we have seen from the annual reports published in relation to performance against the MAT Standards, Alcohol and Drug Partnership (ADP) service improvements require a multidisciplinary approach across health and social care services, including the 3rd sector, and pharmacy is at the heart of this.

Appendix 5 - MAT standards and Community Pharmacy

MAT Standard	Descriptor	Detail	Support from Community Pharmacy
1	Same Day Access	All people accessing services have the option to start MAT from the same day of presentation.	• Ensure same day referral of anybody requesting help with substances. • Support same day supply of MAT.
2	Choice	All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.	• Ensure all people are given the opportunity ask questions about their medication. • Provide information on all forms of MAT. • Ensure people can access all MAT medications prescribed.
3	Assertive Outreach and Anticipatory Care	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	• Support services to engage with those at high risk of harm. • Support people to engage with relevant services.
4	Harm Reduction	All people are offered evidence-based harm reduction at the point of MAT delivery.	• Provide harm reduction advice and interventions (for example THN, IEP) reducing the risk of drug-related harm.
5	Retention	All people will receive support to remain in treatment for as long as requested.	• Support people and services to promote maintenance in treatment services. • Communicate openly and effectively with specialist drug treatment services.

6	Psychological Support	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	• Ensure all staff are aware of psychological interventions to support recovery. • Provide signposting / referral to psychological services.
7	Primary Care	All people have the option of MAT shared with Primary Care.	• Where services have been commissioned in the local area, support people to receive care within Primary Care.
8	Independent Advocacy and Social Support	All people have access to independent advocacy and support for housing, welfare, and income needs.	• Provide signposting to independent advocacy and wider support with social care needs.
9	Mental Health	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	• Support people to engage with mental health services where they have co-occurring needs. • Highlight where you feel the two needs are not being met or have not been identified.
10	Trauma Informed Care	All people receive trauma informed care.	• Ensure staff are aware of the trauma that people may be experiencing or have experienced and how this can impact on engagement in treatment services.

Table 5-Table of examples of community pharmacy activity related to the MAT Standards

Full publication available at:

https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/

Appendix 6 - Future Needs to Develop Substance Use Services in Community Pharmacy

Developed in conjunction with SPiSMs and Directors of Pharmacy

Strategic

Substance use service provision as a national core service.

Package of care models (per capita payments) replacing supervision/task-based payments in line with Drug Death Task Force action (Changing Lives: Action 69).

Electronic support for communication between community pharmacy and drug services, enabling timely notification of missed doses and causes for concern.

Substance use prescriptions to be included in DPDP (Digital Prescribing and Dispensing Pathways) programme

De-regulation of naloxone to remove remaining POM (Prescription Only Medicine) requirements.

Community Pharmacies as psychologically informed environments delivering a trauma informed service.

Clinical Care

Buvidal administration in community pharmacy setting by pharmacy staff.

Vaccinations (as per CMO (Chief Medical Officer) guidance).

Additional support for mental and physical health issues, commonly co-morbid with substance use.

Remove unscheduled care PGD and Pharmacy First PGD exclusions for people with current or past substance use history. Examples include: removing a history of injecting drug use as an exclusion criterion in National PGD 285 (Supply of flucloxacillin for skin infection) and enabling a wound management service via Wound Care PGDs for the supply of antibiotics for infected injection site wounds.

Services for special population groups for example, gender based or age groups

Harm reduction

A national arrangement for supply of take-home naloxone.

Some level of Injecting Equipment Provision (IEP) available at all sites, with provision-supporting arrangements included in the NSS (National Services Scotland) NP344 framework.

Blood borne virus (BBV) testing.

Participation in national “drug trends” information sharing and reporting, for example RADAR.

Inclusion in local assertive outreach and harm reduction pathways for example Near Fatal Overdose pathways and Wound Care.

Education and Training

Training providers for all pharmacy staff with the skills to deliver substance use services.

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