

Improvement Support for MAT Standards Implementation

Desk Review: Insights about the delivery of MAT
standards in community pharmacies

Short Read

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Example insights

“You don’t need anything else if you have got respect. If you get handed your methadone with a smile and asked how you are doing today.”

Person accessing opioid substitution therapy, Scotland (Radley and colleagues, 2017)

“...[I was waiting in a pharmacy queue for my turn] I said ‘Can you take this person first’ and the person in front of me said ‘no hen, it’s fine hen, you go ahead, we have to wait’ and I’m like oh my God...just the expectation for people that go to these [MAT] services is also that it’s fine, we know that we’ll be treated second? yeah, that’s not the way that we should be aspiring to deliver our services.”

Interviewee for Desk Review, Scotland, 2023

“We have a couple of lectures and that is it. This is a population group that everybody comes into contact with, so whether you are a hospital pharmacist or you are working in the community or primary care, you will come into contact with people who have got a substance use issue, whether it is alcohol, whether it is drugs, whether it is stimulants, so I think we need to have that awareness, we need to have a base level[in pharmacy], but it needs to also go beyond pharmacy and needs to go into medicine and needs to go into dentistry, ophthalmology, nursing, social work...so we’re all skilling ourselves up and - it will dispel some of the myths that people read about in the papers or the press, where they can be disparaging, it can cause problems with stigma... if they listen to what the public press will sometimes report on and how they report.”

Interviewee for Desk Review, Scotland, 2023

Aim of this document

This report provides information about a desk review which was rapidly completed in Autumn 2023 and aimed to inform the report Impact of MAT standards on community pharmacy in Scotland Medication Assisted Treatment (MAT) standards: access, choice, support <https://ihub.scot/matupdates>.

The desk review was inspired by principles of 90-day cycles (Park and Takashi, 2013) which are a disciplined and structured form of inquiry designed to produce and test knowledge syntheses to inform quality improvement. The review had two parts 1) a rapid literature scan and 2) an analysis of strategic stakeholder interviews from Scotland. It was exploratory rather than exhaustive by design and was not intended to provide a comprehensive review of literature or a full thematic analysis of interview data.

We organised insights from the literature scan and interviews into three areas: Relationships and engagement, Knowledge and confidence, and System support and structures. These were adapted and renamed from themes identified by a systematic review of factors influencing community pharmacy national innovation implementation (Weir and colleagues, 2019).

Note on language

We have used the term MAT or MAT-related for ease of reading but we recognise much of the published literature focuses on opioid substitution therapy alone. Interviewees recognised that MAT combines pharmacotherapy with psychological and social support.

Summary of key points from desk review

The summary below details a very high-level summary of the key points emerging from the desk review.

- Many of the insights that were reported in the literature scan and interviews are reflected in the recommendations of the Royal Pharmaceutical Society (2021) in the Scottish policy document [Pharmacy's role in reducing harm and preventing drug deaths](#), particularly those related to harm reduction, improved multidisciplinary working, prescribing and treatment, and education and training.
- The experiences and perspectives of families and peer workers appeared to be less represented in the literature. Insights from interviews suggested families would advocate naloxone in place for any opioid substitution service.
- Interviewees highlighted particular gaps in system communication over the weekend and for people who are released from prison and require MAT.
- Some of the insights highlighted by the desk review around relationships and engagement (and retention) related to emphasising community pharmacy's unique position as system 'eyes and ears', building trusted relationships through repeated interaction over time, tackling stigma at individual and environmental levels and promoting hopeful expectations and a focus on recovery for people accessing MAT.
- Some of the insights highlighted by the desk review around knowledge and confidence related to variance in experience and a need for specific training, protecting time and capacity to undertake (pharmacy team) meaningful learning related to MAT, strengthening multi-disciplinary communication links and training alongside others providing support in the system MAT 'team'.
- Some of the insights highlighted by the desk review around system support and structures related to accessing a shared digital patient record, e-prescribing, and support for decision making (especially for same day access) and clear referral pathways to mental health and other services related to MAT standards, as well as consistently recognising in operational

and contractual terms the potential role of community pharmacy in supporting MAT and wider harm reduction or health improvement.

Insights emerging from the desk review literature scan

Note: More detailed summaries of all the literature considered in the desk review are set out in the long read paper available at [add link]

What we did

We carried out a rapid, non-systematic, browse of selected UK and international published literature. We used a search checklist and carried out a simple search of one research database. We did not assess the quality of the literature found. Key insights from the literature scan and some selected examples of evidence from Scotland are shown below.

What we found

Relationships and Engagement

People using services in pharmacy have described that positive and constructive relationships with friendly staff they see regularly are important to them.

- The experiences and perspectives of families did not appear to be well represented in research literature.
- Inspiring, hopeful, and positive communications around MAT as evidence-based and recovery-focused in community pharmacy may be helpful. Using case studies and positive images of people has been suggested. There was some evidence that people in the USA reacted more positively to the terms 'pharmacotherapy' or 'medication-assisted recovery' or 'long-term recovery' than the term 'medication-assisted treatment'.
- People accessing MAT may face stigma on a variety of levels including from self, others and society. Stigma may exist in relation to people using MAT, but this may also be related to the MAT intervention itself and/or be operating on other levels. People accessing a prescription for MAT may be thought about or treated differently in comparison to other patients in community pharmacy, such as people prescribed diabetes or blood pressure medication.
- Stigma may discourage access of MAT by people who need it or affect ongoing engagement and retention, and hamper efforts to provide recovery-focused services.

Knowledge and Confidence

- Pharmacists and prescribers have described a lack of confidence in providing some aspects of MAT in community pharmacy.

- There is variation in undergraduate education about MAT and no related mandatory professional training once qualified. Involvement of people who are now in recovery in staff training around providing MAT services may be particularly meaningful.
- Trauma informed environment training has been shown to be successful in community pharmacy in Scotland. It has been suggested that trauma informed training is more effective if whole teams are involved.
- Pharmacists may not be aware of all available services in the wider system and the enhanced role that community pharmacists can play in supporting MAT may not be well understood by other professional fields.
- There may be different interpretations of recovery, including an assumption that recovery equals abstinence.

System support and structures

- Community pharmacies in Scotland have a history of working with people with substance use issues including alcohol.
- The maturity of working relationships between prescribers and dispensers can be variable. Issues with conflict resolution and timely communication between pharmacists and prescribers have been reported.
- Studies have identified issues with collaborative processes across different roles and have suggested that clear protocols, guidance, tools and agreed communication and information sharing mechanisms are required.
- Considerations about privacy and dignity of spaces and environment design for people accessing MAT have been raised.
- Pharmacists have to balance their legal responsibilities with person-centred care.

Selected examples of literature from Scotland

- A 2023 study (Matheson and colleagues) of the feasibility of training pharmacy staff on the psychologically informed environments (PIE) approach to improve the delivery of care in Scotland found it was positively evaluated and justified further research.
- A 2017 study (Radley and colleagues) of experiences of service users attending a community pharmacy to receive opiate replacement therapy in Scotland reported that participants had examples of poor experiences including stigma and discrimination but valued positive relationships with their pharmacy.
- A 2016 study (Matheson and colleagues) of the Scottish community pharmacy workforce concluded it had positively embraced its expanded role with this group of clients over the past two decades, so that working with people with drug problems was now considered a core part of practice. Taking part in training had been key to this change. The authors suggested better integration and communication with existing services would need to be in place to support ambitions for continued development of community pharmacy in this area.

- While the desk review was underway, 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.
- In 2021 the Royal Pharmaceutical Society produced a paper focused on pharmacies' role in Scotland in reducing harm and preventing drug deaths, recommendations were made about harm reduction. Three relating to prescribing and treatment, three about education and training, two about improved multidisciplinary working, and one about future development.
- The Drugs Death Taskforce developed a stigma charter for all organisations, including businesses, in recognition of stigma being identified as a major barrier to people accessing treatment.
- Scottish Families Affected by Alcohol and Drugs (SFAD) have made a toolkit freely available which aims to ensure reporting on alcohol and drugs is done with dignity and respect. There are five key recommendations about imagery, language, case studies, support information and education and stigma. Whilst not specific to community pharmacy this may relate to any promotional material or communication such as posters in community pharmacy windows/noticeboards.

Insights emerging from desk review interviews

Note: More detailed summaries of (pooled) interview responses relating to each MAT standard are set out in the separate long read paper available at [add link].

What we did

The pharmacy clinical lead and improvement leads designed and carried out 20 interviews with people from various professional backgrounds including national government, territorial NHS boards, special boards, national bodies, academia, third sector organisations and an alcohol and drugs partnership (ADP). The interview questions are listed in [Appendix 1](#).

What we found

Relationships and Engagement

- Community pharmacy can provide positive support and build hopeful expectations, but stigma can also be present and can risk treatment engagement and retention.
- Community pharmacy can represent a friendly and trusted front door to primary care because its location within communities and open access can support repeated interaction between patients and a healthcare team.

- A lack of time available to pharmacists to actually speak to patients was raised. Rather than a 'nice to have' this relationship building, and maintenance, was considered an essential part of therapeutic care.
- It was felt that strategic engagement (community pharmacy involvement in broader commissioning processes related to providing support to MAT) was inconsistent.

Knowledge and Confidence

- Pharmacists have varying levels of experience and confidence relating to providing MAT services. There is no national MAT training for the workforce and little coverage of this area at undergraduate level. Training in various other related areas was suggested such as mental health first aid, having difficult conversations, or how to provide injecting equipment. A lack of protected learning time to undertake knowledge and skills development and apply standards was identified.
- Pharmacies are well placed 'eyes and ears' to develop knowledge of individuals' particular needs and could share knowledge and participate in a multi-disciplinary 'team around the patient'.
- Access to electronic systems such as e-prescribing (instead of insisting on patients presenting a paper prescription), single patient record and an opportunity to record concerns and observations to prescribers and other relevant professionals was highlighted as important, especially for providing same-day access to medication.

System support and structures

- MAT standards could support quality approaches to holistic care for patients, but gaps were identified in professional communication and referral or care pathways or protocols between different parts of health and social care for MAT patients, particularly mental health.
- Interviewees highlighted particular gaps in system communication for people who are released from prison and require MAT.
- Specialist pharmacist roles and peer workers were highlighted and increased pharmacist prescriber capacity from 2026 was recognised.
- The need for sufficient funding to provide enhanced services was highlighted and some felt a national (locally adaptable) contract focused on outcomes would be optimal.
- Insights from interviews suggested families would advocate naloxone in place of any opioid substitution service. There were differing opinions from interviewees on whether IEP and other aspects of MAT-related services should be universally held or targeted. Data from local health needs assessment were emphasised as important for local tailoring.

Conclusion

This 'short read' format aims to support understanding of some of the key insights that may relate to MAT standard delivery in community pharmacy in Scotland by summarising areas of insight interpreted from two 'long read' documents (a rapid literature scan and an analysis of stakeholder interviews from Scotland) related to the desk review carried out in Summer/Autumn 2023. We recommend referring to the 'long reads' alongside this document and referring to original sources where possible.

Glossary

ADP - Alcohol and Drug Partnership

IEP - Injecting equipment provision

HIS - Healthcare Improvement Scotland

MAT - Medication Assisted Treatment. The use of medication alongside psychological and social support in the treatment of people who are experiencing issues with their drug use¹

NEO – NEO 360 is a web-based recording tool used to record harm reduction interventions, most commonly supply of injecting equipment.

OST - Opioid Substitution Therapy

PIE - Psychologically informed environments

SFAD - Scottish Families affected by Alcohol and Drugs

¹ (Public Health Scotland, <https://publichealthscotland.scot/our-areas-of-work/health-harming-commodities/substance-use/treatment/medication-assisted-treatment-mat-standards/overview/>, last updated 23 November 2023).

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Appendix 1

Interview Questions

1. Can you please start by briefly telling me about your role in terms of the MAT standards?
2. Thinking about the ten MAT standards, what do you think are the main ways that Community Pharmacy can contribute to their delivery? (Interviewer then asks about Standards 1 – 10 in turn)
3. What training do you think helps/would help community pharmacy in Scotland implement MAT standards?
4. What support or infrastructure do you think helps or would help community pharmacy in Scotland implement MAT standards?
5. Who do you think are (or could be) the key partners for community pharmacy in helping to deliver MAT standard compliant community pharmacy services?
6. Is there anything else that we haven't covered that you think would help community pharmacy to fully implement MAT? Or are there any particular examples/stories you would like to share with us about MAT?

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