Drug misuse: how we make an impact

A pharmacist who won a Pharmaceutical Care Award in 2006 for a project on taking care of drug misusers is keen to see pharmacists become more involved in harm minimisation services. Ailsa Colquhoun spoke to him.

Pharmacists in the South Tyneside area are shortly to become active as shared care partners in harm minimisation, delivering care in areas where there is no GP. They will be paid from the same fund and receive the same fees as GPs. Governance arrangements will be rigorous, since in some cases pharmacists could be prescribing and dispensing for the same patient.

Tony Schofield, who won a 2006 Pharmaceutical Care Award for his project, “Shared care of drug misusers — can pharmacists do it?”, sees the ongoing delivery of this service as concrete evidence that pharmacists do have the skills to deliver the necessary interventions, and work as part of a multidisciplinary harm minimisation team.

He says: “The aim of treatment is to have patients who have long-term drug and alcohol problems treated by their GP. There will be occasions when this is not possible — for example, there may not be a GP in the area, the GP may be reluctant to treat drug users or the patient may choose to be treated elsewhere. The scheme improves access and choice using the skills of pharmacists who have received advanced training. We are demonstrating that pharmacists can do quite complex interventions in this area.”

An accidental specialism

Based in a deprived community of South Shields, Mr Schofield has inevitably had a long experience of managing patients with drug problems.

Even so, he says his current specialty in harm minimisation services is best summed up by the lyrics of former Beatle John Lennon: “Life is what happens to you, while you’re busy making other plans.”

In 1995, Mr Schofield co-ordinated a syringe exchange scheme in Gateshead and South Tyneside and, in 1997, helped develop pharmacy’s contribution to a shared care scheme in Gateshead and South Tyneside. In the same year, he won the Drug Challenge award as part of the South Tyneside Drug Action Team bid.

In February 2004, he qualified as a first wave supplementary prescriber from Sunderland University, ultimately (following the initiation of non-medical prescribing of Controlled Drugs) developing his own caseload as part of a multidisciplinary GP with special interest team. He also conducted some consultations in his pharmacy. It is this work that informed his 2006 Award entry, which details the added value pharmacists and pharmacies can make in harm minimisation.

In terms of the professional contribution the pharmacist made to the GPwSI team, the award details activities such as assisting with the recruitment and training of GP and pharmacy practices and staff, devising opiate withdrawal scales and helping to resolve pharmacy queries as well as prescribing for drug users in the pharmacy.

As for the specific value of the pharmacy location, he says the evidence is in the patient retention rate in the service of 85 per cent. The service achieved universal reductions in patients’ drug use and improvements in other aspects of patients’ lives, for example, housing, general health and relationships. Patient testimonials endorse the quality of life contributions made by the convenient access to pharmacy-based services, including swab testing and prescribing, and the inclusion in the service of holistic support, ie, social care (housing, etc). One patient said: “The pharmacist was there for me every day. It was more convenient and flexible for me to see him in the pharmacy. One of the best helps I’ve ever had.” Mr Schofield comments: “Pharmacists are in the community. We are where people want to be, and we are accessible to people looking for help.”

Ongoing activity

Mr Schofield currently splits his time between running his community pharmacy business, which, among other activities, provides detox services (alcohol and opiate) to residents at a local residential rehabilitation unit as a subcontract to a local GP practice, and chairing the training and education subgroup of the local Harm Reduction Forum, a committee responsible to the local Drug and Alcohol Action Team (DAAT).

He is also, along with two GPs and a counsellor, a director of the First Contact Clinical Community Interest Company (CIC), which employs GP and non-medical prescribers (pharmacists and nurses) to provide drug treatment services and to develop the shared care of drug users.

Recently, and in light of the February 2009 National Institute for Health and Clinical Excellence reference guide for needle and syringe programmes, the company was commissioned by the primary care trust to review harm minimisation services in the area. This work has led to a pilot project run by the DAAT, which started in April, and which could lead, ultimately, to a tender operation for a new service making better use of pharmacists’ skills.

The company has recently been commissioned to provide training to local health professionals providing the new cardiovascular health checks for patients aged between 40 and 75 years, as well as training in alcohol “brief interventions” for all health professionals in South Tyneside, Gateshead and Sunderland. The alcohol training package has also been delivered to pharmacists in Blackpool.

Reflecting on the shared care project that won his 2006 Pharmaceutical Care Award, Mr Schofield says that lack of consultation skills and good interviewing techniques in pharmacies, coupled with the restrictions of the clinical management plan, can be key factors preventing pharmacists from achieving further successes.

Pharmacists need to be trained

He remains keen to see pharmacies become even more involved in harm minimisation in the area and, citing pilots in operation elsewhere in the country, he would particularly like to see pharmacists trained to deliver services such as hepatitis C screening and inoculation against blood-borne viruses.

He believes that the key to a successful bid is to acknowledge the strengths of potential multidisciplinary partners, including pharmacists.

He says: “No single profession has all the answers and working with a diverse range of professionals is exciting, stimulating and precipitates situations in which everyone looks to a pharmacy solution.” Pharmacists should also seek to acquire new competencies and be prepared to design services that are innovative yet cost efficient — particularly given the spectre of a more austere NHS funding climate. “Competition will be more intense but pharmacy has much to offer and bids will be decided on quality, not ring fenced for specific professions,” he says.

Mr Schofield also believes that recognition through awards such as the Pharmaceutical Care Awards help to add credibility to the argument that pharmacies can deliver innovative services and results. He says: “Winning the award has given us the confidence to design and deliver innovative services. We are finding that commissioners now take us a bit more seriously when we bid.”