

Opioid MAT Treatment Coronavirus (COVID-19)

The high-level of risk from COVID-19 to people's health and the continued operation of service delivery means that we need to re-evaluate how we provide MAT. This is an unprecedented situation that is developing rapidly, with a narrowing window of opportunity to prepare. The clinical priority currently, and for the foreseeable future, is to safeguard delivery of life-saving clinical treatments such as MAT. Under normal circumstances these treatments are delivered in the community, require people to be able to move freely while feeling comfortable making frequent trips out of their home, and depend on other elements such as routine access to community pharmacies and reliable supply of essential medications. As the external environment changes, it is likely that the disruption we are already noticing will increase and make it more challenging for individuals on MAT, particularly those on more restrictive MAT regimes, to continue receiving treatment as usual.

Our service users are likely to be at greater risk from complications of COVID-19 compared with the general population, so we need to actively seek to reduce their chance of being exposed to the virus. Therefore the designed measures below aim to ensure safe and reliable access to mitigate the impact of COVID-19 on people in receipt of MAT.

Key Principles

1. Most people who already take-home medications will be provided with two weeks supply.
2. Most people who are on supervised consumption will be moved to unsupervised and will get a longer take-home supply.
3. Detoxifications and dose reductions will be deferred, with people encouraged to maintain stability during this period of uncertainty.
4. Currently, new assessments and re-starts will be offered Buprenorphine as first choice and will be able to take away unsupervised titration doses for two weeks.
5. Methadone induction will only be offered to service users who are pregnant and will require daily collection at pharmacy in the first week, followed by take-home doses when appropriate.
6. If only remote assessments are possible, and people are unable to provide a drug test, only buprenorphine titration based on an adequate history will be possible.
7. If people are advised to self-isolate (but not treated in hospital) they will be asked to nominate an individual to collect the prescription on their behalf and will be provided with a two week supply of medication. If they cannot nominate an individual to do this, where possible, a staff member will collect and deliver the medication.
8. The above will be supported with measures to help mitigate against the increased risk introduced by larger supplies of MAT provided to take away. These include
 - Provision of Take-home Naloxone
 - Safe storage boxes
 - Harm reduction advice
 - Regular communication with first-line support

Prescribing admin staff

A list of those trained in prescribing admin should be maintained regionally.

Staff should be upskilled on the prescription generation processes to build resilience in a key service delivery area.

To ensure the continuity of prescriptions being offered to service user, the role of prescribing admin is essential. Where possible, we advise prescribing admin to work from home. Regulations around information governance and GDPR still apply to any individual who works from home. Where it is not practical or possible to work from home, services should ensure that prescribing admin staff are working where they can maintain social distancing.

Where prescribing admin staff are working from home to generate prescriptions, there must be staff available in services who are aware of prescription security procedures and can access prescriptions. Good communication between prescribing admin staff working remotely and support staff in the service hub is essential.

Prescription generation

Batch prioritisation process should be implemented in all services to allow for a system based, efficient process that mitigates risks and enables the removal of prescription record cards. By separating the batch into a higher priority batch which includes those prescriptions for SUs not seen in over 6 months and/or those prescriptions which have been changed since the previous batch run, the assurance provided by the prescription record card are still in place. Separate procedure on batch priority printing is provided.

Services not using CRiS (Our case management system) will need to continue using prescription record cards wherever possible.

Prescribing admin should confirm prior to printing any prescription (individual or batch) on the availability of named prescribers and their designation (medic/NMP) on the day. This will allow for the appropriate person to sign the relevant prescriptions.

Prescription signing

Protected time to be given to all prescribers to support the batch signing process. With the implementation of batch priority process and greater volumes of take home doses being provided, services should allocate more protected time to batch signing.

During these exceptional circumstances, the expectation is that all prescribers should support the batch signing process and all prescriptions that are generated in a service to be signed by prescribers within that service. In the event of a service not having a prescriber to sign prescriptions this should be escalated by the Service Manager to the Director who will seek clarification and support from the regional Senior Leadership Team.

Prescription delivery

Reliance on services such as Royal Mail and Couriers is uncertain, so our recommendation is that staff members deliver prescriptions directly to pharmacy in their own vehicles. 2 members of staff must be available for prescription delivery, prescriptions must be in locked bags during transit, and receipt by pharmacy obtained. Prescriptions must not be left unsupervised at any point during transit.

Staff who are not able to carry out functions such as group work, pod work etc. will be able to support this function.

Prescribing assessments

Where possible all assessments should be done using telephone or video consultation using the platforms of Microsoft teams or Skype for business. All staff are reminded that they should refrain from using their personal devices for conducting these assessments. If platforms such as WhatsApp are being used, staff are reminder to register these on their Change Grow Live Business numbers. Further guidance on accessing these platforms securely and inviting service users to access them will be provided in guidance from IT Department.

The regulations in relation to Information governance and GDPR still apply to any consultation done using these platforms.

Medication Delivery

In situations that a service user is unable to collect their medication, and does not have a family/friend to support them, Change Grow Live staff can volunteer to act as their representative. With service user agreement, and prior pharmacy notification, staff are able to collect medication and deliver to a service user's residence. Specific guidance on this process is provided separately.

Safety Boxes & Naloxone Supply

Supplies of safety boxes and naloxone should be delivered as outreach ensuring good infection control and social distancing precautions are taken.

Service User Contact

Contacting service users is essential in ensuring they are safe at a time when they are provided large quantities of medication. Specific guidance on minimum contact times are provided in separate MAT Action Plan.

In these unprecedented times there will be some SUs whose vulnerability will increase, particularly within the context of take home medication. It is imperative that for those we already hold significant concern for wherever possible we carry out an immediate review of any heightened risk on the implications of take home methadone. Where we have consent and it is safe to do so, contact should be made at the earliest opportunity to understand emerging risks and presenting support needs. Those with increased need include:

- Those with children 5 and under, especially those with children under 2
- Those at risk of, or already experiencing domestic abuse
- Those with learning disabilities and/or mental health issues at risk of exploitation

If unable to contact via phone, escalate within service, consider outreach, contact via pharmacy and arrange home visits if possible.

Consider involving the support of other health professionals involved in SUs care, and family/friends to help with maintaining contact and collection of medication.

It is essential that we continue to work and communicate with other professionals and partnership agencies to effectively safeguard vulnerable groups.

Any identified concerns during contact should be escalated within service to arrange an immediate review.