HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

Tuesday 29 April 2014
at 10 a.m.
in Committee Room 'B'
Civic Centre, Hartlepool.

PLEASE NOTE CHANGE OF DATE

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillor C Akers-Belcher (substitute Councillor Richardson), Councillor Hall, Councillor G Lilley and Councillor Simmons.
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Pagni and Alison Wilson
Director of Public Health, Hartlepool Borough Council (1); - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council (1) – Gill Alexander
Representatives of Healthwatch (2). Margaret Wrenn and Stephen Thomas.

Other Members:
Chief Executive, Hartlepool Borough Council (1) – Dave Stubbs
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden
Representative of the NHS England (1) – Caroline Thurlbeck
Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall
Representative of Tees, Esk and Wear Valley NHS Trust (1) – Martin Barkley
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster
Representative of North East Ambulance NHS Trust (1) – Nichola Fairless
Representative of Cleveland Fire Brigade (1) – Steve McCarten

Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council (1) – Councillor Fisher.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

To confirm the minutes of the meeting held on 26 March 2014

4. **ITEMS FOR DECISION**

No items

5. **ITEMS FOR INFORMATION**

5.1 Drug Presentation (*Director of Public Health*)
5.2 Tattoo Hygiene Rating Scheme *(Director of Public Health)*

6. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

ITEMS FOR INFORMATION

Date of next meeting – To be determined in new Municipal Year

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

26 March 2014

The meeting commenced at 10 am in the Civic Centre, Hartlepool

Present:

Councillor Richardson (substitute for Councillor C Akers-Belcher, Leader of Council) (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Ged Hall, Geoff Lilley and Chris Simmons
Representatives of NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Pagni and Alison Wilson
Director of Public Health, Hartlepool Borough Council - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council – Gill Alexander
Representative of Healthwatch - Stephen Thomas.
Other Members:
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
Representative of the NHS England – Caroline Thurlbeck
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster
Representative of North East Ambulance NHS Trust – Nichola Fairless
Representative of Cleveland Fire Brigade – Steve McCarten

Also in attendance:-
Dr Philippa Walters, Tees Valley Public Health Shared Service
Paula Swindale, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Hartlepool Borough Council Officers:
Richard Starrs, Strategy and Performance Officer
Joan Stevens, Scrutiny Manager
Amanda Whitaker, Democratic Services Team Manager

68. Apologies for Absence

Representative of Healthwatch - Margaret Wrenn
Representative of Tees Esk and Wear Valley NHS Trust – Martin Barkley

69. Declarations of interest by Members

None

70. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 13 February 2014 were confirmed

With reference to minute 66, a Board Member thanked the Chief Executive of North Tees and Hartlepool NHS Foundation Trust for sending contact details following discussion, at the last meeting of the Board, on hospital car parking issues. In response to a request at the meeting for clarification of timescales, the Chief Executive advised that he expected that the car parking changes would be made within the next 3 months.

71. Better Care Fund (BCF) Programme for Hartlepool

(*Director of Child and Adults and Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

Further to minute 62 of the meeting of the Board held on 13 February 2014 the report set out the background to the Better Care Fund; a £3.8bn pool of funding to promote the integration of health and social care services that would support some of the most vulnerable population groups. The report set out the six National Conditions that had to be met in order for the pooled money to be accessed. The five nationally determined performance measures associated with the BCF were presented together with the.one locally determined performance measure.

Board Members were reminded that the Fund would be allocated to local areas where it would form a pooled budget jointly governed by the Clinical Commissioning Group (CCG) and the Local Authority. In order to access the fund, CCGs and Local Authorities had to jointly agree plans for how the money would be spent. The draft BCF plan had been approved by the Health & Wellbeing Board on 13 February 2014 and the plan had been submitted to the NHS England Area Team on 14 February 2014. Further guidance had been issued regarding the assurance process and issues that were expected to be addressed within the plans. There had also been feedback provided by the Area Team identifying areas requiring clarification or further work. In response to the feedback, and through work already planned, there had been changes made since the plan was presented to the Board which was set out in the report. The final BCF plan templates had been circulated as appendices to the report. The planning templates included the detailed information relating to the Hartlepool BCF schemes, including a financial summary, the investment required to deliver the proposed developments and the outcomes and metrics against which the BCF plan would be measured. The BCF plan has been jointly developed and agreed with key stakeholders from the Council, CCG, primary care and community services and acute and mental health service providers.

The report included forthcoming key milestones in terms of progressing and implementation of the BCF plan. Although the majority of the impact of the BCF plans was expected in 2015/16 it was highlighted that there was a drive to deliver as much as possible during 2014/15. The North of Tees Partnership Board would continue to provide ongoing oversight of the Hartlepool and Stockton BCF plans, ensuring that there was strategic alignment of plans across North of Tees and encouraging the sharing of best practice. A project team and programme structure would be required to manage the BCF implementation. Funding was available from the CCG to help support this and detail of how this will be structured and the associated resource implications would be developed and submitted to the Board for approval in April 2014. More detailed work was also underway to confirm the detailed risk sharing and contingency arrangements. A paper outlining these arrangements would also be submitted to the Health and Wellbeing Board for approval in April 2014.

Whilst welcoming the Plan and the opportunities it presented, Board Members sought assurance regarding the evaluation process and engagement activities. In response, it was acknowledged that evaluation of the Plan was critical. It was highlighted also that the plan had been informed by a range of existing engagement activities involving service users, carers, families and the public, focusing on a range of local health and social care services. There had not yet been any formal consultation relating specifically to the BCF plans but it was recognised that further engagement and consultation activities would be required throughout the implementation of the plan and a communication and engagement plan would be developed to support implementation. Reference was made to the Communication and Engagement Strategy which had been approved by the Board.

Decision

The final BCF plan for Hartlepool was approved.

72. Health and Wellbeing Strategy Performance Report (Quarter 3) (*Director of Public Health*)

The Director of Public Health reported that following approval of the Health and Wellbeing Strategy in April 2013, the Board was required to provide a performance update on the Strategy to the Councils Audit and Governance Committee. Performance was identified against the newly established Vulnerable Adults and Health Inequality Forums as well as the existing Children's Strategic Partnership. Each of the groups was responsible for the delivery of the Health and Wellbeing Strategy outcomes set out in the report. The remaining themes of the Health and Wellbeing Strategy not covered within the report were reported through the Councils performance framework. Detailed performance reports for the themes of Children, Vulnerable Adults and Health Inequality were appended to the report. Agreement was sought

as to how future performance reporting of the three sub groups to the Health and Wellbeing Board was taken forward for 2014/2015 and whether each group should develop and annual action plan with key performance indicators.

Decision

That the Quarter 3 performance report of the Health and Wellbeing Strategy be noted.

73. Process for Response to Pharmacy Applications and Publication of Supplementary Statements to Pharmaceutical Needs Assessments (*Director of Public Health*)

The report sought the confirmation of the Board in relation to the process for response to applications made to NHS England Area Team to provide Pharmaceutical Services. The report set out the process for publication of Supplementary Statements to the Pharmaceutical Needs Assessment for Hartlepool. The Board had received reports relating to the statutory duties and responsibilities regarding the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349 and Pharmaceutical Needs Assessments. The report set out the process associated with the Board's duties which included the requirement to respond to any consultation request from NHS England in respect of pharmacy applications and undertake the decision-making required in relation to the publishing of any associated Supplementary Statement.

It was proposed that the Health and Wellbeing Board delegate the process of initial review of any changes to pharmaceutical services to the Director of Public Health. It was suggested at the meeting that delegation should be in consultation with the Chair. Review of the changes would determine whether or not there was a requirement to publish a Supplementary Statement or to review the PNA (in accordance with the 2013 Regulations). The Health and Wellbeing Board would thereafter receive notice of changes made to pharmaceutical services, reviews undertaken, and approve any Supplementary Statements to be published, on a periodic basis, according to decisions/ changes notified (approximately quarterly). Changes made, including any Supplementary Statements and updates to maps if required, would be published on the Tees Valley Public Health Shared Service website.

Decision

The Board agreed the processes outlined in the report and delegated authority to the Director of Public Health, in consultation with the Chair of the

Board, to be responsible for the process of initial review of any changes to pharmaceutical services.

74. Face the Public Event (*Director of Public Health*)

The Board was updated on a proposal to hold the Health and Wellbeing Board Face the Public Event on Monday 23rd June in the Council's Civic Suite. Board Members were reminded that the Health and Wellbeing Board's Terms of Reference stated the Board should hold a Face the Public Event each year. It was proposed that the event would be held on Monday 23rd June between 4:30pm and 7pm. Board Members agreed to an alternative suggestion that, in order to attempt to maximise attendance, the event be held on a Saturday. A programme for the event had yet to be finalised, however details of proposed breakout sessions were included in the report. In order to plan and promote the event it was suggested that the Board agree to establish a small sub group which would oversee the planning, delivery and evaluation of the event.

Decision

That the Health and Wellbeing Board agree that the Face the Public event be held on a Saturday, on a date to be determined by the Chair and that a small sub group be set up to deliver the Face the Public Event comprising:-

Chair, T Woodhall, S Thomas, L Wallace, R Starrs

75. Call to Action (*Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Healthwatch*)

The report provided the Board with the output from the CCG's activity in relation to call to action including the Healthwatch Hartlepool's engagement activity undertaken on behalf of the CCG. NHS England had launched a Call to Action in July 2013, which outlined the key challenges facing the NHS over the next 10 years. The CCG in response to a call to action and building upon engagement plans had held a number of public engagement events. The CCG had also undertaken engagement activity which was set out in the report. As well as undertaking public engagement, the CCG had actively sought the views of people with Hartlepool and Stockton, in particular hard to hear/reach groups.

The CCG had commissioned Catalyst (in partnership with Healthwatch Stockton) and Healthwatch Hartlepool to undertake a focussed exercise to consult with a number of key groups over an intensive period between November and January. The report which had been produced by Healthwatch Hartlepool had been circulated to Members of the Board. The Healthwatch representative outlined the approach which had been undertaken in respect of

the consultation. Whilst the consultation results had been far reaching there was a common theme relating to communication and access to services. A concern that was repeated in most key sections of the questionnaire related to transport and the need to travel outside of the Borough. However, there was also an overwhelming desire for more services to be provided locally complimented by a greater number of home visits. From the results there appeared to be a clear alignment between the expectations of respondents and the key actions embedded in the future implementation of the Better Care Fund. Whilst there was recognition of diminishing resources respondents did indicate that there needed to be a shift in priorities and a greater focus on maintaining front-line services, invest in training & development and enhance communication for the hard to reach. A representative of the Clinical Commissioning Group commended the Healthwatch report and advised that the CCG had offered support in progressing issues highlighted in the report. Consideration of specific actions required and the output would be used by the CCG to support the development of the organisation's 2 year operational and 5 year strategic plan. The Chairman expressed his appreciation of the report and thanked Healthwatch, on behalf of the Board, for the work which they had undertaken.

Decision

(i) The approach taken with regard to A Call to Action was noted.
(ii) The findings of the Healthwatch Hartlepool engagement with seldom heard groups were noted.
(iii) Joint working arrangements were encouraged to ensure that the issues identified are responded to by both commissioners and providers.

76. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay

77. Hartlepool and Stockton On Tees goes Digital 'Looking Local'

The Board received a presentation which provided the Board with an overview of the Clinical Commissioning Group's 'Looking Local' development. The presentation highlighted opportunities for collaboration and identified 'next steps' which involved finalising the communication plan, launching the initiative on 2 April 2014 and ongoing development arrangements.

Decision
Board Members acknowledged the opportunities for collaboration arising from the development.

CHAIR

HEALTH & WELLBEING BOARD

29th April 2014

Report of: Director of Public Health

Subject: DRUG PRESENTATION

1. PURPOSE OF REPORT

1.1 To inform and update the Health and Wellbeing Board of the current situation in Hartlepool with regards to illegal drug use.

2. BACKGROUND

2.1 It is the responsibility of the Substance Misuse Strategy Group to ensure delivery of services in Hartlepool that will encourage the drug using population into effective treatment and onward journey to full recovery.

3. PRESENTATION

3.1 The following presentation will cover the following:-

- Scale of the drug situation of Hartlepool
- Who is at risk and why
- Additional issues for drug users
- Current numbers in treatment
- Changing drug trends & Poly drug use
- Length of time in treatment
- Successful completions
- What services are currently available
- What people say
- Any additional need

4. EQUALITY AND DIVERSITY CONSIDERATIONS

4.1 The Drug Joint Strategic Needs Assessment (JSNA) is focussed on meeting the needs of all drug users within our community.

5. RECOMMENDATIONS

5.1 It is recommended the Health and Wellbeing Board note the drug situation in Hartlepool and the efforts being made to address this.

7. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

29th April 2014

Report of: HealthWatch Hartlepool

Subject: The Delivery of the Substitute Prescribing Service For Opiate Dependent Patients Through Pharmacies in Hartlepool.

1. PURPOSE OF REPORT

1.1 The report outlines findings from a recent examination of the provision of substitute prescribing service for opiate dependent patients through pharmacies in Hartlepool which was undertaken by Healthwatch and makes recommendations regarding future service delivery.

2. BACKGROUND

2.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health & social care services in Hartlepool. To support our work we have appointed an Executive committee, which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via www.healthwatchhartlepool.co.uk

2.2 This investigation of substitute prescribing services came about as a result of issues regarding some aspects of the way in which the services are delivered being raised with Hartlepool LINK and subsequently Healthwatch Hartlepool by services users and other pharmacy customers. The report looks at the overall provision of the service within pharmacy outlets but focuses primarily on issues of dignity and patient choice.

3. PROPOSALS

3.1 Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.

- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents and service users.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).

3.2 The conduct of the investigation into substitute prescribing provision in Hartlepool and the information contained within this report are all fully compliant with the defined legislative objectives of Healthwatch organizations' as outlined above.

4. EQUALITY & DIVERSITY CONSIDERATIONS

4.1 Healthwatch Hartlepool is for adults, children and young people whom live in or access health and/or social care services in the Borough of Hartlepool. HealthWatch Hartlepool aims to be accessible to all sections of the community.

5. RECOMMENDATIONS

5.1 That members of the Health and Wellbeing Board note the recommendations contained within this report

6. REASONS FOR RECOMMENDATIONS

6.1 All recommendations are based on due consideration of findings made during the course of the investigation.

7. BACKGROUND PAPERS

7.1 None

8. CONTACT OFFICER

Stephen Thomas
HealthWatch Development Officer
Hartlepool Voluntary Development Agency
36 Victoria Road
Hartlepool TS26 8DD

healthwatch Hartlepool

The Delivery of the Substitute Prescribing Service For Opiate Dependent Patients Through Pharmacies in Hartlepool

April 2014

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

Contents of the report

1. Background

1.1 Healthwatch Hartlepool has powers to undertake "Enter and View" visits to any health and social care facility which is used or accessed by residents of Hartlepool if it is funded by public money. This includes pharmacy outlets and over recent years several visits have been made to pharmacies in Hartlepool.

1.2 During the course of these visits members have talked to pharmacy users about there views on the services they receive and their overall experience of using that particular outlet. On several occasions the issue of the controlled substitute prescribing service for opioid dependant patients has been raised. This service is provided by around 15 pharmacy outlets in Hartlepool and is an important element of individual drug treatment, reintegration and recovery programmes which are co-ordinated through the activity of the Substance Misuse Service which is managed through Hartlepool Borough Council.

1.3 The feedback received from customers usually focused around the manner in which substitute medication (most commonly methadone) is provided. Concerns had been expressed by some customers that the "dignity and respect" of patients receiving their medication were being disregarded by being required to consume their medication at the pharmacy counter whilst others said that they were made to feel "uncomfortable" if a substitute prescribing patient received and consumed their medication in full public view.

1.4 Drug dependency treatment is an extremely complex and sensitive area of NHS service delivery and has recently been the subject of legislative review through the governments Drug Strategy (2010) and the "Medications in Recovery – Re-orientating Drug Dependence Treatment", expert group report produced by John Strang in 2012. The main aim of these changes has been to seek to move treatment from maintenance to abstinence.

"The task of the Recovery Orientated Drug Treatment Expert Group has been to describe how to meet the ambition of the Drug Strategy

2010 to help more heroin users to recover and break free of dependence" (Medications in Recovery 2012)

1.5 The paper produced by John Strang is very clear about the complexity of recovery orientated drug treatment which incorporates overcoming dependence, reducing risk taking behaviour and offending, improving health and ultimately enabling the patient to re-take control of their lives. It is also very clear that as with any other area of patient care, there are no excuses or justification for poor quality treatment and that programmes must be "supportive and aspirational, realistic and protective".

1.6 As well as acknowledging the complexity of opioid substitution treatment Strang's report also recognises importance of empathy and dignity in support pathways and quotes -
"Staff who treat them (patients) with respect and dignity that allows them to develop a different image of themselves, and who have a belief in their capacity to change, and of a sense of their role in fostering that change" (Dole and Nyswander 1965)

1.7 The quote above is at the heart of the rationale behind the work which has been undertaken by Healthwatch Hartlepool as members firmly believe that all patients have the right to have the best possible care and support at all stages of their treatment pathway and that dignity and respect are integral aspects of such care.

2. Methodology

2.1 Members started their investigation by meeting with the Substance Misuse Delivery Service Manager. The service is located at Whitby Street and is run by Hartlepool Borough Council. This allowed members to gain an appreciation of the wider aspects of the work of the service and the individualised approach that is taken to treatment and personal support and development. It also allowed them to get a fuller understanding of the processes which lead up to supervised consumption through local pharmacy practices and included visits to both Whitby Street and to the Developing Initiatives Supporting Communities office (DISC) on Lynn Street.

2.2 Having completed the initial information gathering process members decided that it would be necessary to examine the manner in which the substitute prescribing service is currently delivered at the pharmacy outlets that provide the service in Hartlepool. An initial questionnaire was sent to each pharmacy and this was followed up by member visits which involved structured discussions with the Pharmacy Manager and in some instances discussions with service users. A copy of the pre visit questionnaire form is shown in Appendix 1 and the visit discussion questionnaire is shown in Appendix 2.

2.3 Information was also collected from service users by means of a short questionnaire which was completed at Whitby Street and DISC by some patients at their scheduled recovery treatment intervention meetings. This was not compulsory and only those patients who chose to do so completed the questionnaire. A copy of the Patient Questionnaire is shown in Appendix 3.

3 Key Findings – Pre Visit Questionnaire

3.1 Pre-visit questionnaires were sent out to all pharmacy outlets providing the substitute prescribing service and nine completed forms were returned.

3.2 Pharmacies reported that they are contacted by the Substance Misuse Service before a patient starts to receive the service. At this point a contract is entered into and signed by both the patient and Substance Misuse Service after which the pharmacy will start to provide the patient with their medication.

3.3 Most pharmacies provide the service at any time during normal opening hours but one or two outlets did report some slight restrictions (service available half an hour after opening until half an hour before closing).

3.4 When the patient visits the pharmacy for the first time they are always asked to bring identification and some continue to

require patients to confirm their address, date of birth and dosage at each visit. However, most pharmacies stressed the importance they place on developing a good friendly rapport with patients. Information regarding the substitute prescribing service, opening hours, expected conduct and behaviour and other services which are available at the pharmacy are also discussed at many outlets during the first visit.

3.5 Changes to dosages and other information was said to come via the Substance Misuse Service and several pharmacies commented on the positive relationship they have with the patient's Key Worker. Some although not all, said that they are occasionally contacted by the Substance Misuse Team and asked for feedback on patient attendance and behaviour.

3.6 Individual pharmacies reported that they had customer codes of conduct, and if these were breached then it could result in a patient being barred. Instances of patients being barred are reported as being quite rare (a pharmacy with one hundred patients reported six cases in three years) with first breaches of the code often being dealt with by a warning. However, some outlets reported that their company policy was an immediate bar in cases of shoplifting.

3.7 It was reported that the pharmacy receives a monthly payment of £43.20 per month for each patient who attends for their medication on fourteen or more occasions each month. Some concern was expressed about this arrangement in that patients may attend for ten or more occasions in a month but no payment is received other than the statutory prescription payment which comes from central government

3.8 If patients do not attend to collect their medication on three consecutive occasions the pharmacy will inform the Substance Misuse Service and the patient will be deemed to have lapsed from treatment. Some of the pharmacies that responded also reported that they will also contact the Substance Misuse Service if patients start to miss dosages regularly and if they

present at the pharmacy appearing to be "under the influence". If this happens the medication is withheld.

3.9 Some pharmacy managers reported that they have, or have had, patients with disabilities in which cases appropriate assistance is given and one outlet reported that they have a hearing loop installed on the premises.

4. Key Finding - Pharmacy Visits

4.1 Over the course of the project Healthwatch members visited fifteen pharmacy outlets in Hartlepool which dispense substitute medication. The main objective of the visit was to have a structured discussion with the pharmacy manager regarding the provision of the service but on some occasions patients were also spoken to. A copy of the discussion questionnaire can be found in Appendix 2.

4.2 Members found there to be a variety of types of pharmacy outlet with the majority being part of national pharmacy chains or supermarket groups but several were independent privately owned outlets.

4.3 Numbers of patients receiving substitute medication at each pharmacy also varied greatly from one hundred or more, to one or two at others.

4.4 Most pharmacies provided the service during opening hours with some stipulating that patients could attend any time between thirty minutes after opening and thirty minutes before closing.

4.5 In all cases the Pharmacy Manager was in charge of all issues relating to dispensing and the professional delivery of the pharmacy service at the outlet. However in the pharmacies locate in the supermarket outlets (ASDA and Tesco) and the Boots Stores, issues such as anti social behaviour and shoplifting are dealt with by the overall Store Manager and the policies and practices of the organisation.

4.6 All pharmacies have systems in place for collecting prescriptions from Whitby Street and will not dispense medication under any circumstances unless a prescription has been received.

4.7 Pharmacy Managers all reported having a process in place for enrolment of new substitute prescribing patients. A specific contract is entered into regarding each individual patient who is referred from Whitby Street. On the first visit to the pharmacy the patient will be given information regarding opening hours, expected conduct and behaviour and other services which are available at the pharmacy such as smoking cessation and other health and wellbeing related services. Many reported giving new patients a pack containing this and other information. Personal details are also taken from patients and at the larger outlets a photograph is taken which is placed on the patients computerised record which is always checked when the patient comes to receive their medication. An outline copy of the patient contract is shown at Appendix 5

4.8 Generally, all outlets operate a zero tolerance policy regarding shoplifting. Anti social behaviour such as swearing or abusive language is often initially dealt with a warning with future occurrences leading to the patient being excluded. Violent behaviour and extreme anti social behaviour can also lead to an immediate bar. When problems occur Whitby Street is always immediately informed and in most instances the patient is allowed to see out the remaining life of their prescription before the bar takes effect (most prescriptions run for two weeks). However, it must be said that Healthwatch members were left with a very strong impression that Pharmacy Managers do try to be as supportive as possible and do their utmost to establish good relationships with their patients. This view was generally endorsed in the feedback which was received from the patients themselves and as shown in Section 5.

4.9 Stores operate different systems to dispense medication. Large pharmacies often use either bottles or cups which are filled with

a controlled amount from a computerised dispensing machine. Smaller pharmacies with few patients also use small cups or bottles containing a measured dose which is manually prepared. Some stores provide water, mints or gum to patients after they have taken the medication in order to remove the taste.

4.10 Medication is not dispensed if a patient appears to be "under the influence". If a patient does not present for three days Whitby Street is informed and the patient is deemed to have come out of treatment. Whitby Street are also informed if patients start to regularly miss their medication or if the pharmacy has concerns about behaviour or other issues

4.11 A key aspect of the substitute prescribing process is that in the majority of cases the consumption of the medication has to be done at the pharmacy in the presence of a member of staff. Often, there is an assumption that this should always be done in the private consultation room away from other customers. However, discussions with the Pharmacy Managers indicate that this is overly simplistic and does not take into account patient choice and other factors. Pharmacy outlets differ greatly in terms of size and layout so arrangements and practices differ considerably. Personal preferences of patients also differ greatly with some being unconcerned about taking their medication at the dispensing counter in full view of other customers whereas others prefer using the private consultation room. Some Managers said that both general and substitute prescribing patients had said that they did not want to use the private consultation room as there was a perception amongst customers that the room was only used to administer substitute medication.

4.12 Some Managers raised concerns about the effectiveness of arrangements for patients who had recently been released from prison and said that there could delays in them being able to get prescription arrangements in place. Concerns were also

raised about the lack of availability of out of hours backup as G.P's and A and E are unable to prescribe during weekends.

4.13 Some concerns were raised about security and personal safety. As has been indicated above the pharmacies visited are very different in terms of size, location and staffing levels. In the larger outlets (particularly those located in supermarkets) security staff are present, but in some of the smaller outlets there may be a small number of staff and no specific security presence. However, Managers did say that incidents of violent or threatening behaviour were very rare but nevertheless the potential for such occurrences is a real one. Discussions also revealed that security arrangements in the private consultation rooms varied, with some having panic buttons and other not. Also, in some of the larger stores although security staff were present they were often located in a different area as to where the pharmacy was located.

4.14 Several managers raised concerns with regard to sharps collection procedures. At present a facility exists at Whitby Street and there is a mobile service which will go out to collect needles etc. Some managers at some of larger outlets said that they would be willing to have a collection point within their pharmacy as they felt on occasions needles are still unsafely disposed of. However, when this has been raised it has been pointed out that patients on substitute prescribing programmes should not be taking illegally obtained drugs and the availability of such collection points in pharmacies would send out the wrong sort of message.

4.15 Some managers reported that they have had patients who have had physical disabilities, either physical or sensory loss and appropriate adjustments have always been made to ensure that the patient is able to access their treatment. One Manager reported that their pharmacy is equipped with a loop system.

4.16 Overall, members were left with a strong impression that patient dignity, respect and choice are all present in the way in

which managers seek to relate to patients and provide this service.

4.17 A full list of pharmacies visited and names of the Pharmacy Managers who were interviewed is contained in Appendix 4.

5. Key Findings - Patient Feedback

5.1 Feedback was received from seventeen patients who either completed questionnaires at their regular treatment or support sessions or with Healthwatch members during the course of pharmacy visits.

5.2 Sixteen of those who completed the questionnaire were receiving methadone and one person subutex. Twelve were receiving their medication through supervised pharmacy based consumption, four by daily pickup and one by full pickup of their prescription.

5.3 Patients were receiving their medication from a cross section of pharmacies across the town and all were happy with the service they were currently receiving. Comments received included -

"Staff are spot on; they are always in a good mood"
"Discreet and friendly service, very quick"
"Staff are friendly and I don't feel discriminated against"
"Very happy, I get lots of friendly advice"

5.4 Some patients reported that they had experienced problems in the past and some said that they had changed the pharmacy they used. Where patients had changed pharmacy a variety of reasons were given including moving house, opening hours inconvenient or did not open seven days a week, felt unwelcome, poor service and served separately from other customers. Comments received included –

"It wasn't welcoming and I didn't get any advice"
"I didn't like the service"

"I moved for seven day supply"
"I moved home and had to change"
"I didn't like coming in by a separate entrance"

5.5 All of those who completed the questionnaire were however generally positive about the service they currently receive with staff behaviour and generally friendly attitude regularly being commented upon. Some patients did say that their relationship with some staff members was better than with others and that there had been some difficulties in the past.
Comments received included –
"Staff go out of their way to speak to me"
"I am treated with respect"
"Better now x has left"
Yes, friendly and on first name basis"

5.6 Those who completed the questionnaire and were receiving their medication by supervised consumption had different thoughts and perceptions about how they should receive it. Some did not like being seen away from the general area of the pharmacy as they felt singled out whereas others did not see this as being a problem. There was however complete agreement from all who completed the questionnaire that the most important factor was that they should be treated courteously and that personal dignity should always be respected.

5.7 Patients ages were predominantly in the 25 - 45 range and most had been on substitute prescribing programmes for at least one year, with a significant number having been on programmes on and off for considerably longer periods.

6. Conclusions

6.1 Overall, the findings regarding the provision of substitute prescribing service in pharmacies across the town indicate that the service is generally provided in a professional and compassionate manner which respects and acknowledges the dignity of patients.

6.2 Pharmacy staff generally have a good relationship with the majority of their patients and also work well with the Substance Misuse Service and other agencies.

6.3 The manner in which the service is provided varies from pharmacy to pharmacy and factors such as the size of the outlet, whether it is part of a chain or an independent operation, the number of patients and a variety of other factors will all impact upon the manner in which the patient receives their medication. If a consistent thread of dignity and patient choice runs through the service then our research indicates that patients will be more likely to appreciative treatment provided and problems will be fewer.

6.4 Some concerns were noted with regard to inconsistencies regarding staff safety procedures and the lack of panic buttons in some consultation rooms.

6.5 Concerns were also noted regarding lack of out of hours prescribing facilities and occasional problems experienced by people recently released from prison with regard to accessing a prescription on release.

6.6 The provision of an information pack to new patients which contains details of opening hours, expected behaviour and other pharmacy services is very positive, and in particular the efforts that many pharmacies make to promote other health and wellbeing services that are available were noted and considered to be examples of excellent practice.

6.7 Members shared the concern about the arbitrary nature of the monthly payment cut (a payment of £43.20 is received by the pharmacy if a patient visits the outlet and receives their medication on fourteen or more occasions in a month)

7. Recommendations

7.1 Overall, pharmacy managers and staff should be commended for the manner in which the substitute prescribing service is

delivered with patient dignity and choice being central. Any future changes or developments with regard to service delivery should enhance and build upon these core principles.

7.2 Consideration should be given to developing an introductory information pack for new patients in all pharmacies which would provide details of opening hours, expected standards of conduct and health, wellbeing and other general services available at the pharmacy.

7.3 The delivery of the service at different pharmacy outlets should continue to take account of local factors such as size of the pharmacy, number of patients, internal layout etc but always have at its heart patient dignity and choice.

7.4 Consideration should be given to arrangements regarding staff safety and in particular the absence of panic buttons in some private consultation rooms.

7.5 Consideration must be given to issues highlighted regarding the lack of out of hours services and arrangements put in place to ensure that prescribing arrangements are always in place for released prisoners who are on substitute prescribing programmes.

7.6 In light of comments from both substance misuse patients and other pharmacy users regarding a perceived stigma relating to the use of the private consultation room, attention should be given to developing ways of dispelling this myth and promoting the use of the these facilities to enhance dignity in the treatment and care of all pharmacy users.

7.7 The current payment arrangements for the delivery of the service by pharmacy outlets should be reviewed at the earliest possible opportunity.

8 Acknowledgements

8.1 Healthwatch Hartlepool would like to thank the staff and managers of the pharmacy outlets that were visited during the course of our investigation for their warm welcomes and co-operation. We also wish to thank staff from the Substance Misuse Service, DISC and patients who completed questionnaires and gave valuable feedback regarding their experiences.

8.2 Finally, we could not have completed this investigation without the hard work and endeavours of our volunteers and once again we wish to place on record our thanks for all of their efforts and commitment.

9 References

9.1 In the production of this report the following documents, publications and reports have been referred to and consulted –

(i) Drug Misuse and Dependence – UK Guidelines on Clinical Management - NICE (2007)

(ii) Medication in Recovery – Re-orientating Drug Dependence Treatment – John Strang (2012)

(iii) Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life – HM Government (2010)

(iv) A Medical Treatment For Diacetylmorphine (Heroin) addiction - Dole and Nyswander (1965)

(v) Public Health Service Contract – Supervised self Administration of Methadone, Buprenorphine and Suboxone For The Treatment of Drug Misuse

Stephen Thomas
Healthwatch Development Officer

Appendix 1

healthwatch Hartlepool

Healthwatch Hartlepool Substitute Prescribing for Substance Misuse Patient Experience Project Pre Visit Questionnaire

1) How many substitute prescribing for substance misuse patients receive their medication from you?
2) Are you informed that substitute prescribing for substance misuse patients will be coming to your pharmacy and if so by whom?
3) Is there a set time of day at which substitute prescribing for substance misuse patients are advised to visit the pharmacy and as far as is practicable, are they served by the same members of staff?

4) Do you provide substitute prescribing for substance misuse patients with any information or guidance about the services which are available at your pharmacy or about the times and manner in which their prescription can be accessed?
5) How are you kept informed of any changes or variations to individual patient's treatment plans and dosage levels?
6) Are you ever asked to provide information and input when patient case assessments are taking place? If yes, please describe how this happens.

7) How are instances of inappropriate behaviour on the part of substance misuse patients dealt with, and are they ever barred from using the pharmacy? If they are barred from your pharmacy do you report this and if so what is the process?
8) Do you receive any financial incentives for providing a methadone service? If yes, how does this work?
9) If a patient does not attend to collect their medication, are you required to inform anyone? If yes, who must you inform and after how many missed dosages would this happen?

10) Are patients required to provide I.D before they receive their medication? If yes, is this on the first occasion or on every occasion they attend?
11) Do you have any substitute prescribing for substance misuse patients who have a disability or sensory loss? If yes do you make any adjustments to the way in which the service is provided?
12) Is there anything else you wish to tell us about any aspect of the methadone service you provide?

Thank you for taking time to complete the Questionnaire.
Please return it in the pre paid envelope provided no later than Friday 15th November.

Stephen Thomas

Healthwatch Development Officer

Appendix 2

Healthwatch Hartlepool Pharmacy Visits
Suggested Areas for Discussion With Pharmacy Managers

Pharmacy Visited	
Date and Time of Visit	
Name of Manager	

1) Type of Pharmacy and management arrangements? **Independent, chain, etc Store manager/pharmacy manager?**	
2) How is the service delivered to the patient? **Over counter, private room?** **Times, specific pharmacist? Etc.**	
3) Inputs and monitoring by other agencies? **Local Authority, CCG, G.P's, Substance Misuse Service, Police etc**	

4) Information given to patients about the service? Communication with the patient – how, what etc?	
5) Issues and problems Can the service be improved, if so, how?	
6) Any other issues	

Appendix 3

healthwatch Hartlepool

Substitute Prescribing for Substance Misuse
Patient Experience Questionnaire

1) Which type of substitute medication do you take –

Methadone	
Subutex	
Saboxone	
Other	

Comments

2) How are you prescribed to receive your medication?

Pharmacy Consumption	
Daily Pickup	
Pickup in Full	

Comments

3) Which Pharmacy do you use and are you happy with the service you receive?

4) Do you have a good relationship with the pharmacy staff? If not, why?
5) Have you ever used a different pharmacy to receive your medication? If you previously used another pharmacy why did you change?
6) Is there anything else you would like to tell us about the service you have received from the pharmacy/s from which you receive your medication?

Thank you for taking time to complete the Questionnaire.

Stephen Thomas
Healthwatch Development Officer

Appendix 4

List of Pharmacies Visited

Pharmacy
Asda (Marina Way)
Boots (Middleton Grange)
Boots (Marina Way)
Chambers (Headland)
Clayfields (Oxford Road)
COOP (Victoria Road)
COOP (Fens)
Lloyds (Park Road)
Lloyds (Winterbottom Avenue)
Lloyds (Wiltshire Way)
Lloyds (Wynyard Road)
M & J Pharmacy
Tesco (Burn Road)
West View (Brus Corner)

Annex 1 local authority logo may be added

Client Contract for Supervised Methadone or Buprenorphine or buprenorphine / naloxone (Suboxone®)* Consumption

*delete as appropriate

Client Name:		Key Worker:	
Prescriber Name:		Clinic / Practice:	
Pharmacy Name:		Pharmacy Location:	

I understand that in order to participate in the Supervised Consumption Scheme I must read and agree to the following terms and conditions:

Appointments and Prescriptions:

- I agree to attend my appointments with my key worker/ prescriber on time and alone. I understand that if I miss my appointment without prior notice I may not be seen.
- I understand that missing my appointment is not a valid reason for using the 'Out of Hours' service.
- I understand I am responsible for the safe-keeping of my prescription once issued and that there will be NO replacements for 'lost' or 'stolen' prescriptions.
- I understand that I may be required to provide a sample of urine, or OMT swab for analysis
- I understand that if I attend for my appointment intoxicated, I may not be seen and that my treatment may be subject to review.

Dispensing of Medication

- I agree that I will not use my own drink (e.g. cans of Coke etc.) immediately after swallowing my medication but will take the drink of water provided.
- I understand that I will need to return the empty bottle/cup back to the pharmacist for their disposal.
- I realise that the pharmacist is advised to refuse to supply me with my medication if he/she suspects that I am intoxicated and will refer me back to the clinic. ***This is a safety measure and is meant in my best interest.***
- I understand that I will be given a dose for the days when the pharmacy is closed e.g. Sundays and Bank Holidays and I will be responsible for this supply. ***Replacement medication will not be given under any circumstances including 'lost', 'spilled' or 'stolen' doses.***
- I accept that if I do not attend for my medication, the pharmacist may notify my key worker of my non-attendance, who will inform my prescriber.
- I understand that if I miss consecutive supervised doses, the pharmacist is instructed to refuse any further supplies and refer me back to my key worker.

- I understand that if I miss a days supply, I will not be able to receive it at a later date.
- I agree to attend for my medication alone.

Dispensing of Supervised Methadone:

- I understand that I will be required to swallow my daily dose of methadone at the pharmacy followed by a drink of water. If I refuse to comply then the pharmacist is instructed to inform my key worker and my prescription may be reviewed.

Dispensing of Supervised Buprenorphine:

- I understand that I must attend for administration of the buprenorphine at the specified time, particularly for the first dose, as discussed with my key worker.
- I understand if requested by my clinician that the buprenorphine tablets may be crushed by the pharmacist and I will then have to place the crushed tablets under my tongue under the supervision of the pharmacist. I understand that this is not a licensed use of the tablets. I understand that buprenorphine and Suboxone are administered sublingually. I understand that the pharmacist will need to observe me on the premises for up to 2-5 minutes. If I refuse to comply with the above then the pharmacist is instructed to inform my key worker and my prescription may be reviewed.

Behaviour:

- I understand that any unacceptable or anti-social behaviour e.g. violence, verbal abuse, aggression, shoplifting etc. will result in the immediate suspension of the dispensing of my medication and I may no longer receive my medication from that particular pharmacy. I will be referred back to my treatment provider.

I fully understand the above conditions which were explained to me by

..... (print name of key worker) and agree to comply with them

Signature (Client) ..... Date .....

Signature ..... Date .....
(Key Worker)

Copy: Client Case Notes, Client, Community Pharmacy

HEALTH AND WELLBEING BOARD

29th April 2014

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Public Health

Subject: Tattoo Hygiene Rating Scheme

1. PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Health and Wellbeing Board with information regarding the introduction of a Tattoo Hygiene Rating Scheme (THRS) in Hartlepool.

2. BACKGROUND

2.1 The Tattoo Hygiene Rating Scheme (THRS) is a voluntary scheme, which was first launched in Wales in September 2013. The THRS is aimed at improving standards of tattooists and allowing the public to choose a tattooist that meets high standards of hygiene.

2.2 The THRS was developed after research revealed;

- Tattoos were becoming a celebrity lead fashion item and more mainstream, as such more young people wanted to be tattooed. Concerns were raised that younger people tend to be more vulnerable, perhaps due to their lack of experience and they are more susceptible to peer pressure;

- The research indicated that the main consideration when getting a tattoo was cost and design, not hygiene standards, and if the individual liked the artwork. They did not consider the training a tattooist had received, nor did they look into previous tattoos that had been carried out;

- No consideration was given to equipment or cross-contamination meaning that individuals could be at risk of acquiring infections and blood borne viruses such as HIV or Hepatitis;

- Many of the respondents to the research survey did not even consider that this was a risk.

- The results suggested that more vulnerable young people were willing to go to a 'scratcher', who are unregistered tattoo artists often working in unhygienic conditions, rather than registered premises on the high street.

2.3 The aim of the Tattoo Hygiene Rating Scheme (THRS) is to:

i) Inform the public about the hygiene standards in the premises at the time of the most recent inspection;
ii) Drive up standards and adoption of best practice across the industry; and
iii) Reduce the risk of incidents of infection and of transmission of infectious disease from tattooing procedures.

The scheme is not anti-tattoo; it encourages the use of registered premises with good hygiene standards over a 'scratcher'.

2.4 Realising the potential public health benefits of the THRS officers from Hartlepool Council's Public Protection team consulted the 6 registered tattooists on the introduction of a local scheme. The majority were supportive of the introduction of the scheme as many had concerns about 'scratchers'.

2.5 Hartlepool was the first Council in England to launch the THRS. The scheme was launched on 1st April 2014 by Councillor Carl Richardson, officers from Hartlepool Borough Council and a representative from Public Health England.

2.6 Participation in the scheme is by application, and premises participating in the scheme can withdraw from it at any time. Participating premises and the local authority are bound by the rules of the scheme.

2.7 Participating premises are allocated a rating following a programmed inspection. They are also given a certificate and a window sticker which they can display. The ratings are also published on the Council's website at www.hartlepool.gov.uk/health_and_safety/tattoo_hygiene_rating_scheme

2.8 The 4 ratings and their descriptors are:

- '1 – Needs Improvement' – local authority would use powers to take action whilst also working with the business to improve hygiene standards
- '2 – Satisfactory' – working to the standards that is expected
- '3 – Good' – working above the expected standard – keeping detailed records including recording batch numbers of inks used and providing aftercare advice.
- '4 – Very Good' – all of the above plus evidence that there is a form of training programme provided for tattooists, continuous personal development and learning of new skills and that tattooists are members of a professional body, such as the Tattoo and Body Piercers Union or alternative.

2.9 To date four Hartlepool tattoo studios have been inspected and all were awarded the top rating '4 - Very Good'.

2.10 The premises will be re-rated on a programmed basis, but may be re-rated before the programmed inspection visit at the request of the operator of the premises and the discretion of the local authority.

3. PROPOSALS

3.1 It is proposed that Public Protection officers will continue to raise awareness regarding the scheme and encourage the reporting of 'scratchers'.

3.2 All reports received regarding 'scratchers' will be investigated and appropriate enforcement action taken.

4. RISK IMPLICATIONS/LEGAL CONSIDERATIONS

4.1 None.

5. RECOMMENDATIONS

5.1 It is recommended that the Board notes the report.

6. CONTACT OFFICER

Louise Wallace, Director of Public Health, Hartlepool Borough Council
louise.wallace@hartlepool.gov.uk

Sylvia Pinkney, Public Protection Manager, Hartlepool Borough Council
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HEALTH AND WELLBEING BOARD

29th April 2014

Report of: HealthWatch Hartlepool

Subject: The Delivery of the Substitute Prescribing Service For Opiate Dependent Patients Through Pharmacies in Hartlepool.

1. PURPOSE OF REPORT

1.1 The report outlines findings from a recent examination of the provision of substitute prescribing service for opiate dependent patients through pharmacies in Hartlepool which was undertaken by Healthwatch and makes recommendations regarding future service delivery.

2. BACKGROUND

2.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health & social care services in Hartlepool. To support our work we have appointed an Executive committee, which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via www.healthwatchhartlepool.co.uk

2.2 This investigation of substitute prescribing services came about as a result of issues regarding some aspects of the way in which the services are delivered being raised with Hartlepool LINK and subsequently Healthwatch Hartlepool by services users and other pharmacy customers. The report looks at the overall provision of the service within pharmacy outlets but focuses primarily on issues of dignity and patient choice.

3. PROPOSALS

3.1 Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.

- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents and service users.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).

3.2 The conduct of the investigation into substitute prescribing provision in Hartlepool and the information contained within this report are all fully compliant with the defined legislative objectives of Healthwatch organizations' as outlined above.

4. EQUALITY & DIVERSITY CONSIDERATIONS

4.1 Healthwatch Hartlepool is for adults, children and young people whom live in or access health and/or social care services in the Borough of Hartlepool. HealthWatch Hartlepool aims to be accessible to all sections of the community.

5. RECOMMENDATIONS

5.1 That members of the Health and Wellbeing Board note the recommendations contained within this report

6. REASONS FOR RECOMMENDATIONS

6.1 All recommendations are based on due consideration of findings made during the course of the investigation.

7. BACKGROUND PAPERS

7.1 None

8. CONTACT OFFICER

Stephen Thomas
HealthWatch Development Officer
Hartlepool Voluntary Development Agency
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The Delivery of the Substitute Prescribing Service For Opiate Dependent Patients Through Pharmacies in Hartlepool

April 2014

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

Contents of the report

1. Background

1.1 Healthwatch Hartlepool has powers to undertake "Enter and View" visits to any health and social care facility which is used or accessed by residents of Hartlepool if it is funded by public money. This includes pharmacy outlets and over recent years several visits have been made to pharmacies in Hartlepool.

1.2 During the course of these visits members have talked to pharmacy users about there views on the services they receive and their overall experience of using that particular outlet. On several occasions the issue of the controlled substitute prescribing service for opioid dependant patients has been raised. This service is provided by around 15 pharmacy outlets in Hartlepool and is an important element of individual drug treatment, reintegration and recovery programmes which are co-ordinated through the activity of the Substance Misuse Service which is managed through Hartlepool Borough Council.

1.3 The feedback received from customers usually focused around the manner in which substitute medication (most commonly methadone) is provided. Concerns had been expressed by some customers that the "dignity and respect" of patients receiving their medication were being disregarded by being required to consume their medication at the pharmacy counter whilst others said that they were made to feel "uncomfortable" if a substitute prescribing patient received and consumed their medication in full public view.

1.4 Drug dependency treatment is an extremely complex and sensitive area of NHS service delivery and has recently been the subject of legislative review through the governments Drug Strategy (2010) and the "Medications in Recovery – Re-orientating Drug Dependence Treatment", expert group report produced by John Strang in 2012. The main aim of these changes has been to seek to move treatment from maintenance to abstinence.

"The task of the Recovery Orientated Drug Treatment Expert Group has been to describe how to meet the ambition of the Drug Strategy 2010 to help more heroin users to recover and break free of dependence" (Medications in Recovery 2012)

1.5 The paper produced by John Strang is very clear about the complexity of recovery orientated drug treatment which incorporates overcoming dependence, reducing risk taking behaviour and offending, improving health and ultimately enabling the patient to re-take control of their lives. It is also very clear that as with any other area of patient care, there are no excuses or justification for poor quality treatment and that programmes must be "supportive and aspirational, realistic and protective".

1.6 As well as acknowledging the complexity of opioid substitution treatment Strang's report also recognises importance of empathy and dignity in support pathways and quotes -
"Staff who treat them (patients) with respect and dignity that allows them to develop a different image of themselves, and who have a belief in their capacity to change, and of a sense of their role in fostering that change" (Dole and Nyswander 1965)

1.7 The quote above is at the heart of the rationale behind the work which has been undertaken by Healthwatch Hartlepool as members firmly believe that all patients have the right to have the best possible care and support at all stages of their treatment pathway and that dignity and respect are integral aspects of such care.

2. Methodology

2.1 Members started their investigation by meeting with the Substance Misuse Delivery Service Manager. The service is located at Whitby Street and is run by Hartlepool Borough Council. This allowed members to gain an appreciation of the wider aspects of the work of the service and the individualised approach that is taken to treatment and personal support and development. It also allowed them to get a fuller understanding of the processes which lead up to supervised consumption through local pharmacy practices and included visits to both

Whitby Street and to the Developing Initiatives Supporting Communities office (DISC) on Lynn Street.

2.2 Having completed the initial information gathering process members decided that it would be necessary to examine the manner in which the substitute prescribing service is currently delivered at the pharmacy outlets that provide the service in Hartlepool. An initial questionnaire was sent to each pharmacy and this was followed up by member visits which involved structured discussions with the Pharmacy Manager and in some instances discussions with service users. A copy of the pre visit questionnaire form is shown in Appendix 1 and the visit discussion questionnaire is shown in Appendix 2.

2.3 Information was also collected from service users by means of a short questionnaire which was completed at Whitby Street and DISC by some patients at their scheduled recovery treatment intervention meetings. This was not compulsory and only those patients who chose to do so completed the questionnaire. A copy of the Patient Questionnaire is shown in Appendix 3.

3 Key Findings – Pre Visit Questionnaire

3.1 Pre-visit questionnaires were sent out to all pharmacy outlets providing the substitute prescribing service and nine completed forms were returned.

3.2 Pharmacies reported that they are contacted by the Substance Misuse Service before a patient starts to receive the service. At this point a contract is entered into and signed by both the patient and Substance Misuse Service after which the pharmacy will start to provide the patient with their medication.

3.3 Most pharmacies provide the service at any time during normal opening hours but one or two outlets did report some slight restrictions (service available half an hour after opening until half an hour before closing).

3.4 When the patient visits the pharmacy for the first time they are always asked to bring identification and some continue to require patients to confirm their address, date of birth and dosage at each visit. However, most pharmacies stressed the importance they place on developing a good friendly rapport with patients. Information regarding the substitute prescribing service, opening hours, expected conduct and behaviour and other services which are available at the pharmacy are also discussed at many outlets during the first visit.

3.5 Changes to dosages and other information was said to come via the Substance Misuse Service and several pharmacies commented on the positive relationship they have with the patient's Key Worker. Some although not all, said that they are occasionally contacted by the Substance Misuse Team and asked for feedback on patient attendance and behaviour.

3.6 Individual pharmacies reported that they had customer codes of conduct, and if these were breached then it could result in a patient being barred. Instances of patients being barred are reported as being quite rare (a pharmacy with one hundred patients reported six cases in three years) with first breaches of the code often being dealt with by a warning. However, some outlets reported that their company policy was an immediate bar in cases of shoplifting.

3.7 It was reported that the pharmacy receives a monthly payment of £43.20 per month for each patient who attends for their medication on fourteen or more occasions each month. Some concern was expressed about this arrangement in that patients may attend for ten or more occasions in a month but no payment is received other than the statutory prescription payment which comes from central government

3.8 If patients do not attend to collect their medication on three consecutive occasions the pharmacy will inform the Substance Misuse Service and the patient will be deemed to have lapsed from treatment. Some of the pharmacies that responded also

reported that they will also contact the Substance Misuse Service if patients start to miss dosages regularly and if they present at the pharmacy appearing to be "under the influence". If this happens the medication is withheld.

3.9 Some pharmacy managers reported that they have, or have had, patients with disabilities in which cases appropriate assistance is given and one outlet reported that they have a hearing loop installed on the premises.

4. Key Finding - Pharmacy Visits

4.1 Over the course of the project Healthwatch members visited fifteen pharmacy outlets in Hartlepool which dispense substitute medication. The main objective of the visit was to have a structured discussion with the pharmacy manager regarding the provision of the service but on some occasions patients were also spoken to. A copy of the discussion questionnaire can be found in Appendix 2.

4.2 Members found there to be a variety of types of pharmacy outlet with the majority being part of national pharmacy chains or supermarket groups but several were independent privately owned outlets.

4.3 Numbers of patients receiving substitute medication at each pharmacy also varied greatly from one hundred or more, to one or two at others.

4.4 Most pharmacies provided the service during opening hours with some stipulating that patients could attend any time between thirty minutes after opening and thirty minutes before closing.

4.5 In all cases the Pharmacy Manager was in charge of all issues relating to dispensing and the professional delivery of the pharmacy service at the outlet. However in the pharmacies locate in the supermarket outlets (ASDA and Tesco) and the Boots Stores, issues such as anti social behaviour and

shoplifting are dealt with by the overall Store Manager and the policies and practices of the organisation.

4.6 All pharmacies have systems in place for collecting prescriptions from Whitby Street and will not dispense medication under any circumstances unless a prescription has been received.

4.7 Pharmacy Managers all reported having a process in place for enrolment of new substitute prescribing patients. A specific contract is entered into regarding each individual patient who is referred from Whitby Street. On the first visit to the pharmacy the patient will be given information regarding opening hours, expected conduct and behaviour and other services which are available at the pharmacy such as smoking cessation and other health and wellbeing related services. Many reported giving new patients a pack containing this and other information. Personal details are also taken from patients and at the larger outlets a photograph is taken which is placed on the patients computerised record which is always checked when the patient comes to receive their medication. An outline copy of the patient contract is shown at Appendix 5

4.8 Generally, all outlets operate a zero tolerance policy regarding shoplifting. Anti social behaviour such as swearing or abusive language is often initially dealt with a warning with future occurrences leading to the patient being excluded. Violent behaviour and extreme anti social behaviour can also lead to an immediate bar. When problems occur Whitby Street is always immediately informed and in most instances the patient is allowed to see out the remaining life of their prescription before the bar takes effect (most prescriptions run for two weeks). However, it must be said that Healthwatch members were left with a very strong impression that Pharmacy Managers do try to be as supportive as possible and do their utmost to establish good relationships with their patients. This view was generally endorsed in the feedback which was received from the patients themselves and as shown in Section 5.

4.9 Stores operate different systems to dispense medication. Large pharmacies often use either bottles or cups which are filled with a controlled amount from a computerised dispensing machine. Smaller pharmacies with few patients also use small cups or bottles containing a measured dose which is manually prepared. Some stores provide water, mints or gum to patients after they have taken the medication in order to remove the taste.

4.10 Medication is not dispensed if a patient appears to be "under the influence". If a patient does not present for three days Whitby Street is informed and the patient is deemed to have come out of treatment. Whitby Street are also informed if patients start to regularly miss their medication or if the pharmacy has concerns about behaviour or other issues

4.11 A key aspect of the substitute prescribing process is that in the majority of cases the consumption of the medication has to be done at the pharmacy in the presence of a member of staff. Often, there is an assumption that this should always be done in the private consultation room away from other customers. However, discussions with the Pharmacy Managers indicate that this is overly simplistic and does not take into account patient choice and other factors. Pharmacy outlets differ greatly in terms of size and layout so arrangements and practices differ considerably. Personal preferences of patients also differ greatly with some being unconcerned about taking their medication at the dispensing counter in full view of other customers whereas others prefer using the private consultation room. Some Managers said that both general and substitute prescribing patients had said that they did not want to use the private consultation room as there was a perception amongst customers that the room was only used to administer substitute medication.

4.12 Some Managers raised concerns about the effectiveness of arrangements for patients who had recently been released from prison and said that there could delays in them being able to

get prescription arrangements in place. Concerns were also raised about the lack of availability of out of hours backup as G.P's and A and E are unable to prescribe during weekends.

4.13 Some concerns were raised about security and personal safety. As has been indicated above the pharmacies visited are very different in terms of size, location and staffing levels. In the larger outlets (particularly those located in supermarkets) security staff are present, but in some of the smaller outlets there may be a small number of staff and no specific security presence. However, Managers did say that incidents of violent or threatening behaviour were very rare but nevertheless the potential for such occurrences is a real one. Discussions also revealed that security arrangements in the private consultation rooms varied, with some having panic buttons and other not. Also, in some of the larger stores although security staff were present they were often located in a different area as to where the pharmacy was located.

4.14 Several managers raised concerns with regard to sharps collection procedures. At present a facility exists at Whitby Street and there is a mobile service which will go out to collect needles etc. Some managers at some of larger outlets said that they would be willing to have a collection point within their pharmacy as they felt on occasions needles are still unsafely disposed of. However, when this has been raised it has been pointed out that patients on substitute prescribing programmes should not be taking illegally obtained drugs and the availability of such collection points in pharmacies would send out the wrong sort of message.

4.15 Some managers reported that they have had patients who have had physical disabilities, either physical or sensory loss and appropriate adjustments have always been made to ensure that the patient is able to access their treatment. One Manager reported that their pharmacy is equipped with a loop system.

4.16 Overall, members were left with a strong impression that patient dignity, respect and choice are all present in the way in which managers seek to relate to patients and provide this service.

4.17 A full list of pharmacies visited and names of the Pharmacy Managers who were interviewed is contained in Appendix 4.

5. Key Findings - Patient Feedback

5.1 Feedback was received from seventeen patients who either completed questionnaires at their regular treatment or support sessions or with Healthwatch members during the course of pharmacy visits.

5.2 Sixteen of those who completed the questionnaire were receiving methadone and one person subutex. Twelve were receiving their medication through supervised pharmacy based consumption, four by daily pickup and one by full pickup of their prescription.

5.3 Patients were receiving their medication from a cross section of pharmacies across the town and all were happy with the service they were currently receiving. Comments received included -

"Staff are spot on; they are always in a good mood"
"Discreet and friendly service, very quick"
"Staff are friendly and I don't feel discriminated against"
"Very happy, I get lots of friendly advice"

5.4 Some patients reported that they had experienced problems in the past and some said that they had changed the pharmacy they used. Where patients had changed pharmacy a variety of reasons were given including moving house, opening hours inconvenient or did not open seven days a week, felt unwelcome, poor service and served separately from other customers. Comments received included –

"It wasn't welcoming and I didn't get any advice"
"I didn't like the service"
"I moved for seven day supply"
"I moved home and had to change"
"I didn't like coming in by a separate entrance"

5.5 All of those who completed the questionnaire were however generally positive about the service they currently receive with staff behaviour and generally friendly attitude regularly being commented upon. Some patients did say that their relationship with some staff members was better than with others and that there had been some difficulties in the past.
Comments received included –
"Staff go out of their way to speak to me"
"I am treated with respect"
"Better now x has left"
Yes, friendly and on first name basis"

5.6 Those who completed the questionnaire and were receiving their medication by supervised consumption had different thoughts and perceptions about how they should receive it. Some did not like being seen away from the general area of the pharmacy as they felt singled out whereas others did not see this as being a problem. There was however complete agreement from all who completed the questionnaire that the most important factor was that they should be treated courteously and that personal dignity should always be respected.

5.7 Patients ages were predominantly in the 25 - 45 range and most had been on substitute prescribing programmes for at least one year, with a significant number having been on programmes on and off for considerably longer periods.

6. Conclusions

6.1 Overall, the findings regarding the provision of substitute prescribing service in pharmacies across the town indicate that the service is generally provided in a professional and

compassionate manner which respects and acknowledges the dignity of patients.

6.2 Pharmacy staff generally have a good relationship with the majority of their patients and also work well with the Substance Misuse Service and other agencies.

6.3 The manner in which the service is provided varies from pharmacy to pharmacy and factors such as the size of the outlet, whether it is part of a chain or an independent operation, the number of patients and a variety of other factors will all impact upon the manner in which the patient receives their medication. If a consistent thread of dignity and patient choice runs through the service then our research indicates that patients will be more likely to appreciative treatment provided and problems will be fewer.

6.4 Some concerns were noted with regard to inconsistencies regarding staff safety procedures and the lack of panic buttons in some consultation rooms.

6.5 Concerns were also noted regarding lack of out of hours prescribing facilities and occasional problems experienced by people recently released from prison with regard to accessing a prescription on release.

6.6 The provision of an information pack to new patients which contains details of opening hours, expected behaviour and other pharmacy services is very positive, and in particular the efforts that many pharmacies make to promote other health and wellbeing services that are available were noted and considered to be examples of excellent practice.

6.7 Members shared the concern about the arbitrary nature of the monthly payment cut (a payment of £43.20 is received by the pharmacy if a patient visits the outlet and receives their medication on fourteen or more occasions in a month)

7. Recommendations

7.1 Overall, pharmacy managers and staff should be commended for the manner in which the substitute prescribing service is delivered with patient dignity and choice being central. Any future changes or developments with regard to service delivery should enhance and build upon these core principles.

7.2 Consideration should be given to developing an introductory information pack for new patients in all pharmacies which would provide details of opening hours, expected standards of conduct and health, wellbeing and other general services available at the pharmacy.

7.3 The delivery of the service at different pharmacy outlets should continue to take account of local factors such as size of the pharmacy, number of patients, internal layout etc but always have at its heart patient dignity and choice.

7.4 Consideration should be given to arrangements regarding staff safety and in particular the absence of panic buttons in some private consultation rooms.

7.5 Consideration must be given to issues highlighted regarding the lack of out of hours services and arrangements put in place to ensure that prescribing arrangements are always in place for released prisoners who are on substitute prescribing programmes.

7.6 In light of comments from both substance misuse patients and other pharmacy users regarding a perceived stigma relating to the use of the private consultation room, attention should be given to developing ways of dispelling this myth and promoting the use of the these facilities to enhance dignity in the treatment and care of all pharmacy users.

7.7 The current payment arrangements for the delivery of the service by pharmacy outlets should be reviewed at the earliest possible opportunity.

8 Acknowledgements

8.1 Healthwatch Hartlepool would like to thank the staff and managers of the pharmacy outlets that were visited during the course of our investigation for their warm welcomes and co-operation. We also wish to thank staff from the Substance Misuse Service, DISC and patients who completed questionnaires and gave valuable feedback regarding their experiences.

8.2 Finally, we could not have completed this investigation without the hard work and endeavours of our volunteers and once again we wish to place on record our thanks for all of their efforts and commitment.

9 References

9.1 In the production of this report the following documents, publications and reports have been referred to and consulted –

(i) Drug Misuse and Dependence – UK Guidelines on Clinical Management - NICE (2007)

(ii) Medication in Recovery – Re-orientating Drug Dependence Treatment – John Strang (2012)

(iii) Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life – HM Government (2010)

(iv) A Medical Treatment For Diacetylmorphine (Heroin) addiction - Dole and Nyswander (1965)

(v) Public Health Service Contract – Supervised self Administration of Methadone, Buprenorphine and Suboxone For The Treatment of Drug Misuse

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