

## PLYMOUTH CITY COUNCIL

**Subject:** Substance Misuse Service, Access Healthcare  
**Committee:** Health and Adult Social Care Overview and Scrutiny Committee  
**Date:** 20 March 2019  
**Cabinet Member:** Councillor Tuffin (Cabinet Member for Health and Adult Social Care)

**CMT Member:** Ruth Harrell, Director of Public Health  
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**Ref:**

**Key Decision:** No

**Part:**

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**Purpose of the report:**

To describe the action taken to reallocate the patients affected by the Access Health decision to discontinue their Locally Enhanced Service (LES) contract for substance misuse patients.

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**Corporate Plan:**

A Caring Council; people who are in need of substance misuse services are often those who are most at risk of poor health outcomes. Therefore, ensuring that treatment services are continued for those in need is contributing towards tackling health inequalities

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land:** None

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**Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk  
Management:** None

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**Equality and Diversity:**

Has an Equality Impact Assessment been undertaken? No

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**Recommendations and Reasons for recommended action:**

To note the contents of the report

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**Alternative options considered and rejected:**

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**Published work / information:** Not Applicable

**Background papers:**

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

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**Sign off:**

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Originating SMT Member - Ruth Harrell													
Has the Cabinet Member(s) agreed the content of the report? Yes													

## **1.0 Executive Summary**

### **The Issue**

Access Healthcare gave notice that they wished to discontinue their contract with Plymouth City Council to deliver their Locally Enhanced Services contract for substance misuse patients in November 2018 (meaning the contract would end on 15<sup>th</sup> February 2019). Initially information provided by Access Healthcare indicated that this would mean 171 patients would require re-allocation to another provider.

### **Action Taken**

The notification came during a competitive tender process involving all the possible alternative providers, making it difficult to talk to them about future plans. Initially Livewell Southwest were looking to take on the patients but were unable to do so due to the price of some of the drugs patients were receiving. There was also a protracted period comparing patient lists to ascertain the exact number of patients requiring transfer, which eventually concluded that 111 patients met the criteria (the remainder being pain patients, or out of area patients). There are a very limited number of GP's and prescribers appropriately qualified to treat this group of patients. There are also complications around the costs of drugs and which organisation pays for them. Patient choice had to be provided and this is a group of highly complex patients with multiple physical and mental health needs, so it was a complicated and time consuming process.

### **Resolution**

Livewell Southwest Complex Needs team and Adelaide Street and St Levans Surgeries agreed to take the patients and as of 1/3/19 all affected patients have been allocated to one of the alternative prescribers or are in receipt of a bridging prescription to allow the patient some time to choose which of the alternatives they would prefer. Patients are free to choose to change prescribers as part of the 'settling in' period and as a matter of principle.

### **Background**

1.1 Plymouth City Council via ODPH commission Locally Enhanced Services (LES) in primary care for particular patient groups where services in addition to standard primary care is required; in this case substance misuse patients. The LES requires the GP to have some additional specialist skills and then pays (per patient) for them to deliver an enhanced level of care over and above 'normal' GP work. In the substance misuse LES there are two levels

- a) Shared care, where the GP co-manages the person with input from the community specialist addiction service
- b) GP managed care, where the GP manages the patient without ongoing input from specialist addiction services.

In addition to LES services Plymouth City Council ODPH also commission specialist addiction services from Livewell Southwest and Inpatient addiction services from Broadreach. In order to prescribe Controlled Drugs for addiction patients the prescriber must be qualified and then have further training in the specialism of addiction and patient care must be supported by appropriate care plans and risk management plans.

Substance Misuse patients are amongst the most complex in the city. Most have multiple problems affecting both their physical health and their mental health, many also have behavioural problems making them difficult to place. In addition, they require prescriptions of Controlled Drugs to treat their addiction (which are issued on a blue prescription to distinguish it from drugs that are not controlled). Typically these are strong opiate drugs that can be substituted for heroin and enable people to achieve a degree of stability, to cease offending or sex work and to begin to address their problems. This is a recognised and well evidenced treatment and almost all patients gradually reduce over time and are eventually weaned off all drugs. Substitute prescribing also greatly reduces the chances of fatal overdose and reduces risks to families and children by removing the patient from the illegal drug market. Treating addiction patients also helps reduce inequality as drug addiction disproportionately affects our poorest communities.

1.2 Access Healthcare originally indicated they wished to reduce numbers of patients on the scheme and Livewell Southwest were asked to liaise to see if they could help in early October 2018. Whilst Livewell Southwest were willing to help, after a few weeks it became apparent that they could not take on the work because they were unable to claim payment in the same way as Access Healthcare could. Access Healthcare then gave notice on the contract. At this point a competitive tender process was underway for complex needs including substance misuse and Access Healthcare were informed that it was not possible for commissioners to talk to potential alternative providers about future payment methods and structures as they did not know which services would win the tender, or if it would be necessary to return to the market. As soon as it was possible under commissioning procedures Livewell Southwest were asked if they could take over the prescribing for the patients and were assured about future payment.

1.3 A further complicating factor was that one of the prescribed medications (Subutex) had risen in price considerably and this would have had cost implications if patients on this medication were prescribed the drug through Livewell Southwest, rather than through primary care.

1.4 Once the complex needs tender was awarded in late January 2019 conversations with the winning Alliance took place about this issue. A patient list was requested from Access Healthcare and they supplied a list of 171 people who were on specific medications, which had to be matched with both the Harbour Centre database and the Livewell Southwest Case Management system, which was a lengthy exercise. Through this process Livewell Southwest were able to determine that 111 patients were eligible for the Substance Misuse LES scheme and needed to be found new, suitably qualified, prescribers. The remaining 60 patients remain with Access Healthcare; the majority were on these medications for other reasons (e.g. pain).

1.5 In the last week of the contract expiring commissioners asked Access Healthcare to extend for two weeks to allow the process to complete safely and they agreed to do this. Through a process of collaboration and negotiation it was agreed that Livewell Southwest would take the patients receiving the substitute drug Methadone and the two surgeries would take the patients receiving Subutex. This avoided creating an additional prescribing overspend for Livewell Southwest and a cost pressure for PCC since the Subutex patients were moved within primary care; so both the numbers receiving the drug and the associated costs and budgets stayed the same.

1.6 To summarise, this is a complex and difficult patient group to manage and Access Healthcare were finding it increasingly hard to balance the demands of this group with their mainstream GP work. They gave proper notice that they were ending the contract early (it expired on 1<sup>st</sup> April 2019 under normal circumstances) but there were a number of complicating factors. There are few qualified alternative prescribers and a competitive tender process was underway when the notice was given, which limited commissioners' ability to talk to services. There had been a huge increase in the cost of one of the controlled drugs, causing overspends and budget pressures, so patients had to be placed without exacerbating this. There was a complicated process to agree which of the original list of patients were eligible for the substance misuse LES, agreement was required for the two alternative surgeries to take patients from outside their catchment areas. Lastly, regard to patient choice was required and patients needed the opportunity to discuss their options. All the patients have now been allocated new prescribers and there has been no reported loss of prescription in the process.