Written evidence from Expert Faculty on Commissioning

Quality of interventions for opioid use disorder. Expert Faculty statement.

Executive summary

- Integrated treatment with pharmacotherapy and psychosocial support is effective and well evidenced. Some people engaged with treatment do not achieve the outcomes they desire.
- Opioid use disorder (OUD) care programs are effective but associated with significant burdens and risks.
- Innovation has potential to address limits of treatment.
- The Faculty advocates for the right of all citizens to access high quality, evidence-based treatment interventions in line with national guidance.
- Effective treatment should be based on interventions of sufficient quality, matching patient preferences. Appropriate individualised dose of therapy for long enough, without implied discrimination and removal of social equity.
- The timely adoption of innovative, evidence-based treatments and other novel interventions is a central part of quality.
- Important innovation and underused existing interventions may address limits by improving equity, reducing harm and potentially addressing the risk of drug related deaths.
- Citizens facing discrimination and marginalisation may find it difficult to access innovative therapies in general.
- It is imperative that Local Authority commissioning and care providers address the risk of delays for proven advances.
- The Faculty aims to provide insights from its participants to assist in the development of quality in OUD services.

Expert Faculty on Commissioning

The Expert Faculty on Commissioning aims to support Commissioners by sharing experience and developing insights on best practice to improve outcomes of opioid use disorder (OUD) care.

Faculty participants include experts focused on commissioning services in Local Authorities. Other participants include experts from Public Health and aligned organisations representing patients or service users, care providers and policy makers.

The Expert Faculty is independent and is guided by an organising committee, a group of participants interested in its long-term direction.

Work of the Expert Faculty is focused on influencing national policy and guidance related to OUD care; the Expert Faculty also supports Commissioning teams with capability development, special projects to develop practical aspects of care and, the delivery of an annual congress on OUD care.
The Expert Faculty on Commissioning has provided input to reviews of opioid use disorder care in England and is pleased to participate in this work.

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On behalf of the Expert Faculty on Commissioning.

Statement
Opioid use disorder (OUD) is an important individual and public health issue [1]: adverse health outcomes include increased poor health and risk of death due to overdose, infectious diseases, comorbidities, trauma, and suicide [2]; negative social impacts include unemployment, homelessness, family disruption, loss of economic productivity, social instability, criminal activities, and economic burden [3]–[5].

In England, there are an estimated 300,000 people with a history of OUD [6]; 140,000 are engaged in drug treatment services [7]. Some people engaged with treatment do not achieve the outcomes they desire. Integrated treatment with pharmacotherapy and psychosocial support is effective and well evidenced [8]. The current standard of care most commonly includes medication choices of oral methadone or buprenorphine. Regular daily attendance at a healthcare facility for supervision of medication is common especially at the start of therapy. OUD care programs are effective but associated with significant burdens and risks. Innovation has the potential to address limits of treatment. Daily attendance for supervised therapy limits the ability to work can lead to discrimination, loss of social equity or agency. Therapy may be marginalising for many people. The process of therapy is beneficial for many but for some, promotes stigma and can make adherence difficult leading to sub-optimal dosing, more common use “on top” of illicitly sourced opioids and other drugs. Provision of oral medication has an inherent risk of diversion [9].

The Expert Faculty advocates for the right of all citizens to access high quality, evidence-based treatment interventions in line with national guidance. The Expert Faculty holds that measured outcomes in OUD care should include practical metrics of avoiding harms, health and social engagement, “homes, jobs, friends”. Measurement of retention in treatment or successful completion based on metrics of re-presentation with services used alone are unlikely to provide optimal direction for decision-makers.
Effective treatment for OUD is based in part on providing interventions of necessary and sufficient quality, which match citizen’s preferences. For pharmacotherapy this level of quality includes offering the common medications such as methadone or buprenorphine in such a way as to make it possible to access the appropriate individualised dose of therapy for long enough, without implied discrimination and removal of social equity. The timely adoption of innovative, evidence-based treatments and other novel interventions is a central part of quality. Citizens facing discrimination and marginalisation may find it difficult to access innovative therapies in general – it is imperative that Local Authority commissioning and care providers address the risk of delays for proven advances.

Innovation is key to the continuous improvement of the quality of services for people with OUD. The Expert Faculty is pleased to participate in reviews of quality of interventions for OUD.

Overall, the Expert Faculty aims to provide insights from its participants to assist in the development of quality in OUD services, including pharmacotherapy.

Today, there are examples of important innovation and underused existing interventions which may address limits of OUD care for citizens, improving equity, reducing harm and potentially addressing the risk of drug related deaths. Recent innovations include digital tools for counselling, data analytics to better understand needs and novel forms of long-acting, injected medication. Extending harm reduction with nasal naloxone is a key advance. For those with particular needs, the benefits of heroin assisted treatment must be assessed. It is the position of the Expert Faculty that it is essential to act in the best interests of citizens and consider how proven innovation can improve lives.

There are important principles which are recommended by the Expert Faculty in any review of OUD care quality.

Main principles that apply include:

1. Well evidenced interventions should be chosen based on the assessment of preferences of people with OUD and commissioned to meet the needs of individuals and their families.
2. It is essential to make specific choices which ensure that the system of care provision is well able to deliver high quality care and that it does not imply in its design stigmatisation, increasing disadvantage or loss of social equity.
3. The approach to quality should embrace innovation and act in the best interests of citizens who may be underserved for healthcare.
4. Ensuring that the allocation of resources is prioritised to interventions which are evidence based, valuable and most likely to secure direct health and social benefits and address the harms of OUD for the individual and also, the community.

On behalf of the Expert Faculty on Commissioning.
References


