

## **CGL Service Update -Covid 19**

20/04/2020

We are acutely aware that people using our services are potentially at greater risk from complications of coronavirus compared with the general population, with a significant number of people that use our services having been identified as vulnerable and that need to self-isolate for the recommended 12 week time scale. Others currently have dispensing arrangements that stipulate regular, and in some cases daily collection from pharmacies.

We are working within unprecedented times and existing regimes, such as daily pick up and supervised consumption are not sustainable as the pandemic situation further impacts ancillary services and restricts free movement. Indeed, PHE guidance supports the acceleration of moving people off supervised consumption. This is for the protection of service users and their families, pharmacy staff, and the general public from the risk of infection. CGL has taken account of government direction regarding movement of people and social distancing, whilst also doing all that we can to ensure safe and reliable access to Medically Assisted Treatment (MAT) for all those who need it.

We believe, on balance, that the risk of harm to a person is greater when off MAT than the risks of being given a takeaway supply of meds. Therefore, CGL have taken the following measures to mitigate the unintended consequences of the coronavirus pandemic on people (and therefore families) in receipt of MAT:

1. Individuals who already have take home MAT will be provided with two weeks supply.
2. Those on supervised consumption will move to unsupervised and will be provided with two weeks take-home supply.
3. New assessments and re-starts will be offered buprenorphine as first choice and will be on daily pickup whilst in titration.
4. Methadone induction will require daily collection at a pharmacy in the first two weeks, followed by take-home doses when appropriate.
5. If only remote assessments are possible, and people are unable to provide a drug test – only buprenorphine titration based on an adequate history will be possible. However, both sites currently remain open and able to conduct urine screens for prescribing purposes.
6. If people are advised to self-isolate, but are not being treated in hospital, they will be asked to nominate an individual to collect the prescription on their behalf and will be provided with a two-week supply of medication. If they cannot nominate an individual to do this, where possible, delivery arrangements will be initiated to deliver the medication.

The above will be supported with:

- Provision of Take-home Naloxone
- Safe storage boxes
- Harm reduction advice
- Regular communication with first-line support

We are taking these measures to ensure that to the best of our ability service users can continue to receive their medication and also limit undue pressures on stock availability of medications through

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allowing for larger take home supplies. We are in direct contact with pharmacies around the timing of prescription changes to plan for adequate stock management.

CGL consulted directly with Public Health England and the Royal College of Psychiatry in making these plans.

At a local level, the following process was conducted to understand risks and provide a robust risk management process to support the implementation of organisational guidance provided:

1. Keyworkers were requested to identify all clients with whom they had significant or very specific concerns about regarding any relaxing of dispensing arrangements.
2. This list (around 50 clients in total, of which some were people with children living with them) was individually reviewed by the MDT meeting.

The process for this was:

- a. Assessment of last medical/prescribers review and most recent keyworker and safeguarding entries. Concentrating on engagement, illicit drug use and injecting behaviour, alcohol use, physical health concerns (specifically those listed by PHE as high risk in relation to COVID-19), mental health (including SMI, suicide/self-harm and accidental harm risk), social circumstances (homelessness, children at home), harm reduction provision (naloxone kit and safe storage of OST)
- b. We attempted to then contact all these people by phone to get an up to date account of their situation (in relation to all the above factors), explain any proposed changes and why, and offer support and advise with regards to the current pandemic and how to minimise risks to themselves and their families (of continued drug/alcohol use as well as virus transmission and associated concerns).
- c. All Service Users received a letter with the first 14 day prescription with more guidance and leaflets around safe storage. For certain individuals we also contacted other Mental Health professionals, keyworkers and relatives/friends for further information. We used all this information to make decisions regarding dispensing. It is important that we consider matters on a case by case basis

Your feedback regarding service user engagement, presentation and general feedback is extremely important to influence our position regarding the treatment of some service users. I would still encourage you to liaise directly with individual keyworkers all of which are currently working either remotely or in the office. If you have any difficulties contacting a member of the team please use the main number 01625 464996 as this is monitored 24/7. It is also important to know that we are still available for case conference and professionals meetings although attendance will be virtual.

Further enquiries and feedback can be sent to us on the contact details below.

Many thanks for your on-going support – it is highly appreciated.”

**Jon Findlay**

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