Patient Attendance and Keyworker Contacts for patients on Buvidal

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Background

Buvidal is currently the only long-acting buprenorphine licensed for use in the UK. It is available as a weekly or monthly injection, providing patients greater freedom than supervised administration regimes of methadone and oral buprenorphine.

Aims

The Buvidal injection became available as an option for opioid substitution therapy in July of 2022 at Newcastle Treatment and Recovery. This audit evaluated the type of contacts as well as the number and quality of reviews carried out by keyworkers.

- To determine the frequency of patients attending on the correct day, within the window, and outside of the window for the administration of the Buvidal injection
- To establish the frequency of 'rescue' doses needed
- To establish the number of contacts the patient was having with the duty keyworkers
- To establish whether or not patients were receiving a 6 monthly urine drug screen once treatment with Buvidal was started
- To determine the frequency of contact patients have with their keyworker
- To determine the nature of the contacts patients have with their keyworker; planned or unplanned, in-person or over the telephone
- To establish the quantity and quality of each patient review completed by a keyworker – whether they enquired about the patient's physical, mental and social wellbeing

Methods

Data collection was via online patient records. Standards were established using the local standard operating procedure (sop) and national guidelines. Criteria for keyworker review was based on bio-psycho-social domains and agreed with the psychiatrists consulted for this project. 64 out of the 66 patients on the Buvidal injection at NTaR were included in this project. Two patients had not received the injection long enough for inclusion. Quantitative analysis was conducted using excel.

Development of Standards:

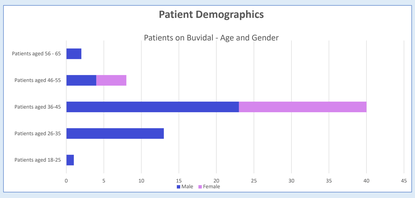
- NTAR Standard Operating Procedure (SOP) for Buvidal Administration, Urine Drug Screens and Orange Guidelines (2017) were used
- Standard was set at 100% compliance
- Standard for being 'stable' on injection meant meeting all of the following criteria
- Stable housing, stable relationships with friends and family, no illicit drug use, no aggressive actions towards staff or public, AUDIT score of <8, no more than 1 missed appointment every 3 months
- Standard for auditing keyworker reviews was based on bio-psycho-social model
- Each review should cover physical, mental and social wellbeing in addition to addiction issues

Standards:

- 1 UDS completed every 6 months (NTAR SOP for UDS)
- Day 4 post-injection review by keyworker (NTAR SOP for Buvidal)
- 2 keyworker reviews a month until patient stable on Buvidal (NTAR SOP for Buvidal)
- 1 keyworker review every 3 months once stable

Patient demographics

- Most of the patients included in this audit were men between the ages of 36-45.
- A third of patients were female, all the female patients were between the ages of 36 and 65.
- Male patients ages ranged from 25 to 65.

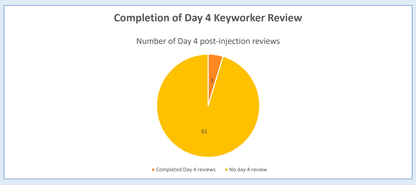


Results: Frequency of attendance on day, within window and outside of window for medication administration

- 48.6% of patients attended the addictions service either on the day of their injection.
- 41.6% attended within the window for the injection to be administered, but not on allotted day.
- 9.8% attended outside of the injection administration window, at which point a discussion with the medical staff would be required as to whether their treatment must be re-titrated.

Results: Completion of Day 4 review

- According to the CNTW Standard Operating Procedure for Buvidal administration, each patient should be reviewed by a keyworker on Day 4, after receiving their first injection of Buvidal.
- 3 patients who were started on Buvidal from the 1st of July 2022 up until the 20th of January 2023 received a review on Day 4 of treatment.



Results: Urine Drug Screen Completion (UDS)

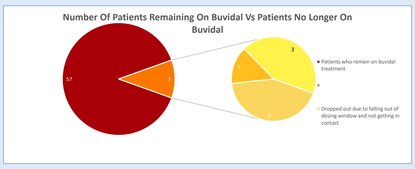
- 54.5% of the 6 monthly UDS' were completed for the patients on Buvidal.
- This figure may be artificially deflated as many of the patients included in the audit have not been receiving the injection for 6 months yet, and as such, may receive a UDS later on.

Results: Frequency of contacts with duty team

- 45 patients did not contact the duty team. 21 patients contacted the duty team.
- 18 of these patients only contacted the team once.
- 3 of these patients contact the duty team twice.

Patients who are no longer on Buvidal treatment and reasons why

- 7 patients decided to cease treatment, 3 of these patients switched back to tablet form.
- 3 patients fell out of the administration window and did not make another timely appointment.
- 1 patient experienced pain at injection site, and returned to OST.
- 2 of the patients who fell out of the dosing window and ceased treatment contacted the service a few months later and re-started treatment.
- If a patient re-started treatment after a hiatus of more than a month, it was treated as a separate patient journey, and thus audited separately.

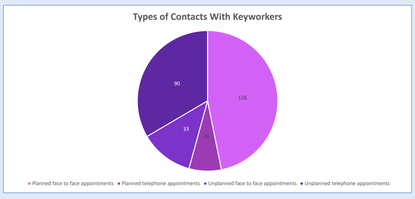


Results: Number of patients needing a rescue dose

- 7 patients that required a 'rescue dose' of medication, 2 required them whilst on the weekly Buvidal injection, whilst the other 5 while on the monthly injection.
- Each patient who received a 'rescue' dose only required a single dose, and did not receive any additional 'rescue' doses for the duration of their treatment.
- 3 patients required a rescue dose whilst receiving the 'weekly' injection.
- 4 patients received a rescue dose whilst taking the 'monthly' injection.

Results: Types of Keyworker Contacts

- 46.6% of contact with keyworkers was planned face to face appointments
- 33.7%, the second largest type of contact was unplanned telephone calls
- 12.2% of contacts were unplanned face to face appointments
- 7.4% of contacts were planned telephone appointments.

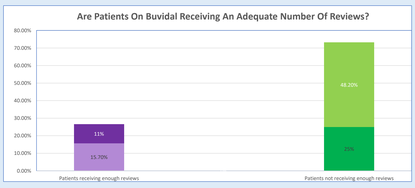


Results: Number of Completed vs Missed Appointments

- The total number of planned appointments attended for patients receiving the Buvidal injection was 146. Compared to the 112 appointments that patients 'Did Not Attend' (DNA) the ratio of attended appointments to DNA appointments was 1.3:1.
- 270 was the overall number of contacts (planned and unplanned).
- 2.4:1 was the ratio of overall contacts to missed planned appointments.

Results: Frequency of reviews

- 77.7%, of patients did not receive the expected number of reviews for their duration of treatment.
- 53.3% of these patients received less than half of the reviews they were supposed to, with 24% of these patients receiving more than 50% of their expected number of reviews.
- 22.7%, received the number of reviews they were supposed to. Of this cohort, 9% received more reviews than what is expected.



Results: Quality of reviews completed by key worker

To measure the quality of a review, each were scored out of three. 1 point was received for enquiring about physical health, mental health and social wellbeing, respectively. The criteria for scoring 1 point are detailed above in the methodology section.

- 49.7% conducted scored 3/3.
- 35.2% of the reviews covered 2 scored 2/3 and
- 12.6% scored 1/3. 1.9% of reviews did not enquire about physical, mental or social wellbeing.

Limitations

- UDS result may be artificially low – most patients have not been on Buvidal for a full 6 months, so may not have had their UDS completed
- Difficult to measure quality keyworker reviews objectively
- Can only use what has been recorded
- Difficult to measure stability objectively
- Was unable to compare to any existing data regarding patients on oral buprenorphine
- Patients attending for rescue doses relies on number of factors e.g. proper explanation
- Self-selecting group
  - Buvidal was first offered to patients in the EXPO study who had received the placebo, so potentially the traits that made them more likely to become involved in a clinical trial may affect their behavior with regards to contacts and appointments and not reflect behavior of majority of patients

Advantages

- Patient demographics closely reflect statistics for patients in addictions services in England as of 2021
- Stability was measured using variety of factors
- Bias eliminated by having strict criteria for judging reviews/stability, and retrospective nature
- Creates data set for further comparison as more patients begin treatment with Buvidal

Recommendations

- Re-audit in 6-12 months time
- Compare to existing data on patients taking oral buprenorphine at NTAR (or complete audit on this)
- Establish clinic for reviews weekly/fortnightly to decrease unplanned contacts and increase frequency and quality of reviews

Conclusion

Almost half of the contacts between patients on Buvidal and keyworkers were unplanned, and this impacted on the quality of the review. Methods for ensuring that patients are receiving good psychosocial support were discussed within the service, as well as plans for reaudit. Further work is needed to assess whether patients on Buvidal are receiving less contact than those on oral medication and whether this is affecting outcomes.

References

1. Opioid dependence: buprenorphine prolonged release injection (Buvidal), 2019, https://www.nice.org.uk/advice/es19/resources/opioid-dependence-buprenorphine-prolongedrelease-injection-buvidal-pdf-1158123740101
2. Drug use and opioid substitution treatment for prisoners, harm reduction journal https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-7-17
3. Buprenorphine vs Methadone: A review of the evidence in both the developed and the developing world https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3271614/
4. https://pmj.bmj.com/content/80/949/654