

Review of Tasmanian Opioid Pharmacotherapy Program Policy and Clinical Practice Standards

Terms of Reference

27 November, 2017

PREAMBLE

The Tasmanian Health Service (THS) program Statewide and Mental Health Services (SMHS), Alcohol and Drug Service (ADS) will engage a suitably qualified person to complete a review of the Tasmanian Opioid Pharmacotherapy Program, Policy and Clinical Practice Standards (TOPP). The review will culminate in an updated version of the TOPP and Implementation Plan. Concurrently with this review, the Department of Health and Human Services (DHHS) has engaged a consultant, Siggins Miller Consultants to undertake a range of work to inform the development of an Alcohol and Other Drugs Service System Framework. It is anticipated that the outcomes of the review of the TOPP will be consistent with any recommendations arising from this process.

The TOPP Review will be comprised of the following main stages following the appointment of the Reviewer:

1. TOPP Review Clinical Reference Group formed.
2. Review of the current TOPP document.
3. Development of TOPP Review Overview Report containing the main findings and rationale for changes/amendments recommended to be made to the TOPP.
4. Version 2 of the TOPP drafted.
5. Presented to the TOPP Review Clinical Reference Group for any changes and their sign off.
6. Final endorsement of TOPP 2 via and the Alcohol and other Drug (AOD) Sector Treatment Expert Advisory Group (EAG), ADS Clinical Specialty Group (CSG), SMHS Executive and the Minister for Health if required.
7. Implementation plan developed.

BACKGROUND

The TOPP was initially released in 2012 and was the first document developed by the Alcohol and Drug Service to provide comprehensive policy and clinical practice standards for the delivery of the Opioid Pharmacotherapy Program in Tasmania.

The TOPP sets the policy and clinical standards for the delivery of the Opioid Pharmacotherapy Program in Tasmania across SMHS and community stakeholders including pharmacists, general practitioners and other AOD services. It is critical that such an influential document is reviewed to ensure its effectiveness, application and the contemporary nature of its content based on best available evidence.

The Review is necessitated by a number of factors. In accordance with the principle of continuous quality improvement policy and practice documents should be reviewed within DHHS at least every three years. In the case of a first edition document such as the TOPP, a review should occur less than three years. The review of the TOPP is therefore a matter of priority for SMHS.

The review of the TOPP is also driven by feedback and ongoing concerns raised by a number of sources including the Alcohol, Tobacco and other Drugs Council and Advocacy. As an organisation it

is important that ADS is seen to be responsive to such feedback and concerns and ensures that they are appropriately considered.

REVIEW PROCESS/METHODOLOGY AND GOVERNANCE

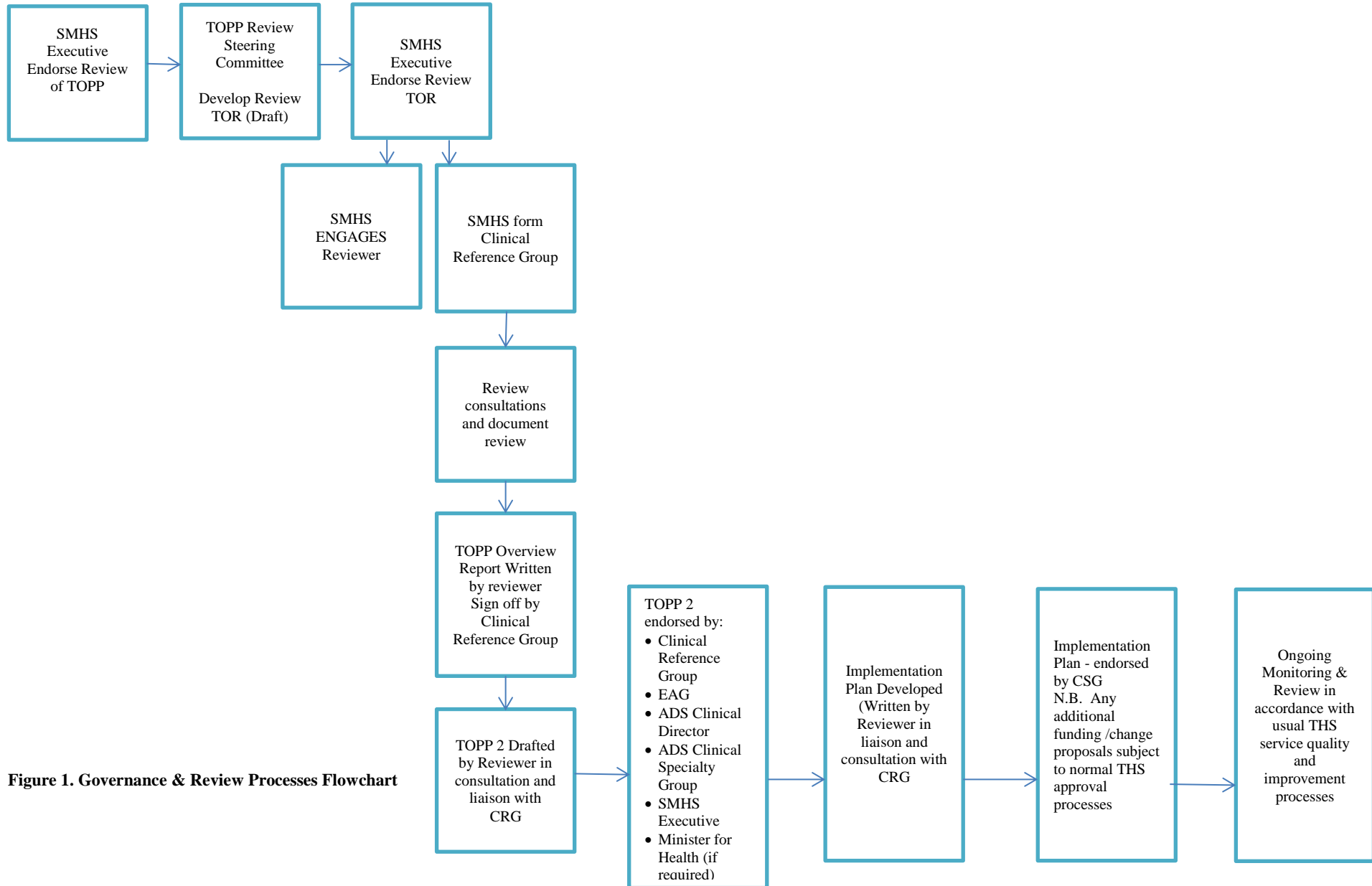
Stages of the Review:

1. SMHS will appoint a suitably qualified individual to conduct the Review of the TOPP. Knowledge of the Tasmanian pharmacotherapy setting and service system is required to ensure relevant and applicable review outcomes. Local knowledge of, and access to, relevant government and non-government service providers, professionals, clinicians and consumer representatives throughout the three stages of the Review would also assist the review process significantly.
2. TOPP Clinical Reference Group formed.
The Clinical Reference Group will be comprised of Senior SMHS/ADS clinicians and managers representing ADS pharmacotherapy clinical/professional areas, ADS pharmacy, a Senior SMHS policy representative, the CEO Alcohol, Tobacco and Other Drugs Council (ATDC), nominated consumer group representatives (Advocacy Tasmania and TUHSL [Tasmanian User's Health & Support League]), and representatives from the non-government pharmacy and general practitioner sectors. Members of the Clinical Reference Group will be actively consulted and involved in the Review process as required.

Clinical Reference Group members will:
 - Provide the reviewer with advice and input regarding specific clinical information, decision making and any expert opinion required in the course of the review.
 - Assist the reviewer in the identification of relevant documents and other sources of information for consideration in the course of the Review.
 - Provide specific written revised clinical content for TOPP 2 related to their particular area of expertise.
 - Provide advice to the reviewer in their development of a full list of stakeholders for consultation prior to conducting consultations.
3. Review of the current TOPP in consultation with stakeholders and with input from the Clinical Reference Group, and including the consumer experience.
4. Develop the TOPP Review Overview Report which identifies the rationale for amendments to be made to the current TOPP. This report will be presented to the Clinical Reference Group for feedback and any required changes.
5. Draft TOPP 2 with input as required from Clinical Reference Group members and co-opted others.
6. Final draft of TOPP 2 presented to the ADS Clinical Director and the Clinical Reference Group for sign off prior to being endorsed by the ADS Expert Advisory Group, the ADS Clinical Specialty Group and final endorsement by the Statewide Mental Health Services Executive.
7. Implementation Plan developed by the Reviewer in liaison with the Clinical Reference Group. This will be presented to the ADS Clinical Specialty Group for any required amendments and final endorsement.

The implementation plan for TOPP 2 will include strategies to continue to address the development of partnerships with, and training and retention of, dosing community pharmacists and GP's who provide shared or complete care of opioid pharmacotherapy clients/patients within the community.

Figure 1 on page 4 provides an overview of governance arrangements and review processes.



STAKEHOLDER CONSULTATIONS & FEEDBACK

A full list of key stakeholders with whom consultations will be conducted and from whom feedback will be sought will be developed at the commencement of the Review.

Groupings include:

- Consumer advocacy and user groups
- Alcohol and Other Drug Community Organisations
- Government services including the Alcohol and Drug Service, Mental Health Services, Forensic Mental Health Services, Acute Hospital Services and Justice services
- Community pharmacists
- General practitioners
- Community primary health care providers
- Professional bodies
- The Coroner

OBJECTIVES/PROCESSES OF REVIEW

- Review the current operation of the TOPP to identify barriers (internal and external) to the operation of the TOPP and make recommendations regarding strategies to address these. This will include a review of communication with general practitioners, pharmacists, clients, patients, consumers and carers.

Examples may include: Resourcing levels of ADS staffing, ability to recruit and retain community pharmacies, any parts of the TOPP that are resisted and reasons (e.g. takeaways). Make recommendations to address these, e.g. improved training, improving health literacy and the recruitment and retention of pharmacists and GP's to provide shared and transfer of care.

- Identify, collate and analyse available data and performance indicators which have impacted the TOPP since its implementation and benchmark with other jurisdictions.
- Consider specific indicators for TOPP 2.
- Ascertain and update aspects of the TOPP which have been superseded since its development and are not in accordance with current *National Guidelines for Medication-assisted Treatment of Opioid Dependence*.
- The review will need to consider the Tasmanian epidemiology and context of opioid users.
- With consumer/client/patient consultation and involvement, review the TOPP to ensure an appropriate consumer/client/patient focus including the provision of services which aim to enhance the lives of consumers/clients/patients and support their involvement in safe clinical treatment and decision-making, provide understandable information regarding treatment options and interventions and delivers safe services in partnership with consumers/clients/patients which are responsive to individual needs, all within the TOPP's policy and clinical practice standards.

- Identify through consultation any gaps in the current TOPP or aspects which need to be amended or updated.
- Amend the TOPP in the context of relevant current State, National and international policy, clinical and practice standards, strategic directions, legislation, guidelines and best practice.