Medication Assisted Treatment (MAT) Standards Webinar Series

Session 1

Connections, Reflections & Progress

21 April 2023
11am - 12.30pm

#HISMAT

Improvement Hub

Enabling health and social care improvement

Welcome

Ruth Robin

Portfolio Lead

Healthcare Improvement Scotland | ihub
Enabling health and social care improvement

Agenda

Time	Agenda item	Speaker
11.05-11.10	Welcome and introductions Programme Overview	Ruth Robin, Portfolio Lead, Healthcare Improvement Scotland
11.10- 11.15	A note from the Scottish Government	Elena Whitham, Minister for Drugs & Alcohol Policy, Scottish Government
11.15-11.25	Non-Fatal Overdose Pathway, Scottish Ambulance Service	Julie Heslin-McCartney, Clinical Effectiveness Lead (East Region), Scottish Ambulance Service
11.25-11.35	DARS Caithness Project, NHS Highland	Lesley Campbell, Drug and Alcohol Recovery Service Team Lead, Caithness and Sutherland, NHS Highland
11.35-11.40	Questions for speakers	All
11.40-12.00	Breakout Session: The year ahead – ambitions and priorities	All
12.00-12.10	The WAND Initiative, NHS Greater Glasgow & Clyde	John Campbell, Injection Equipment Provision Manager, NHS Greater Glasgow & Clyde
12.10-12.20	Multiple Pathways to Recovery, SISCO	Natalie Logan Maclean, CEO, SISCO
12.20-12.25	Questions for speakers	All
12.25-12.30	Next Steps & Close	Ruth Robin

A note from the Scottish Government

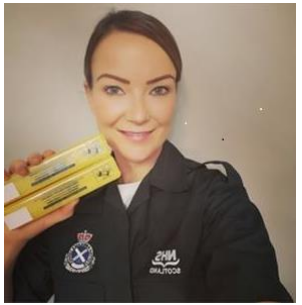
Elena Whitham

Minister for Drugs & Alcohol Policy

Scottish Government
Riaghaltas na h-Alba

Julie Heslin-McCartney

Clinical Effectiveness Lead (East Region),
Scottish Ambulance Service



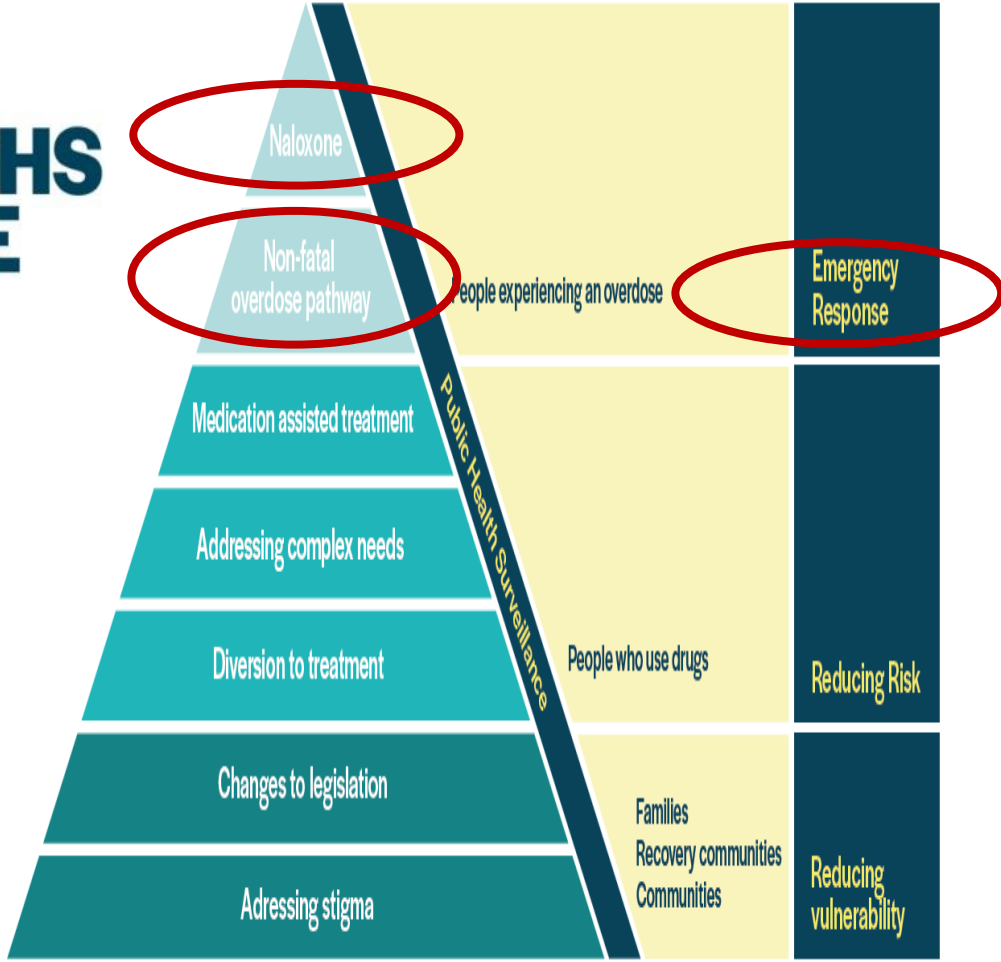
Scottish Ambulance Service

Non Fatal Overdose Pathway

Julie Heslin-McCartney

SCOTTISH DRUG DEATHS TASKFORCE

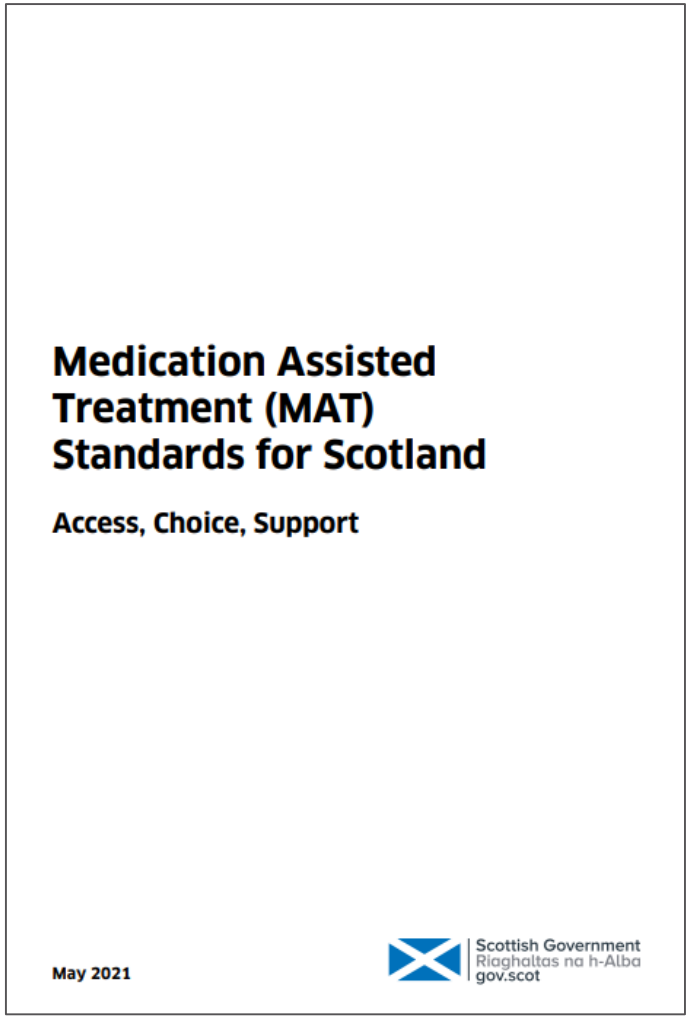
Contribute to a national programme that allows every person in Scotland at risk of experiencing or witnessing NFOD to have access to Naloxone in an emergency situation and receive post incident support



SCOTTISH DRUG DEATHS TASKFORCE

MAT Standard 3:

All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT



Legal Position – Data Protection Impact Assessment

UK GDPR Article 6(1)(e):

the processing is necessary to perform a task in the public interest or for official functions, and the task or function has a clear basis in law.

UK GDPR Article 9 (2)(h):

the processing is necessary for medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services. For the purposes of Section 10(2) of The Data Protection Act 2018 (and acknowledging the strict obligations of confidentiality at SAS), this situation meets the requirements of Paragraph 2 of Part 1 of Schedule 1 of the Data Protection Act 2018

Section 2A of The National Health Service (Scotland) Act 1978

to promote the improvement of the physical and mental health of the people of Scotland. The processing foreseen in this DPIA involves SAS exercising a function conferred on it by legislation, thus meeting the requirements of Section 8 of The Data Protection Act 2018.

Non-Fatal Overdose Pathway – Flag Criteria & Response

Naloxone administered to patient by SAS

OR

'NALOXONE' or 'NARCAN' written in patient notes

OR

'OPIATES' or 'STREET BENZODIAZEPINES' selected as a substance affecting the patients condition

OR

'HEROIN' or 'METHADONE' written within substances affecting condition notes

Notification to Patients local NHS Health Board

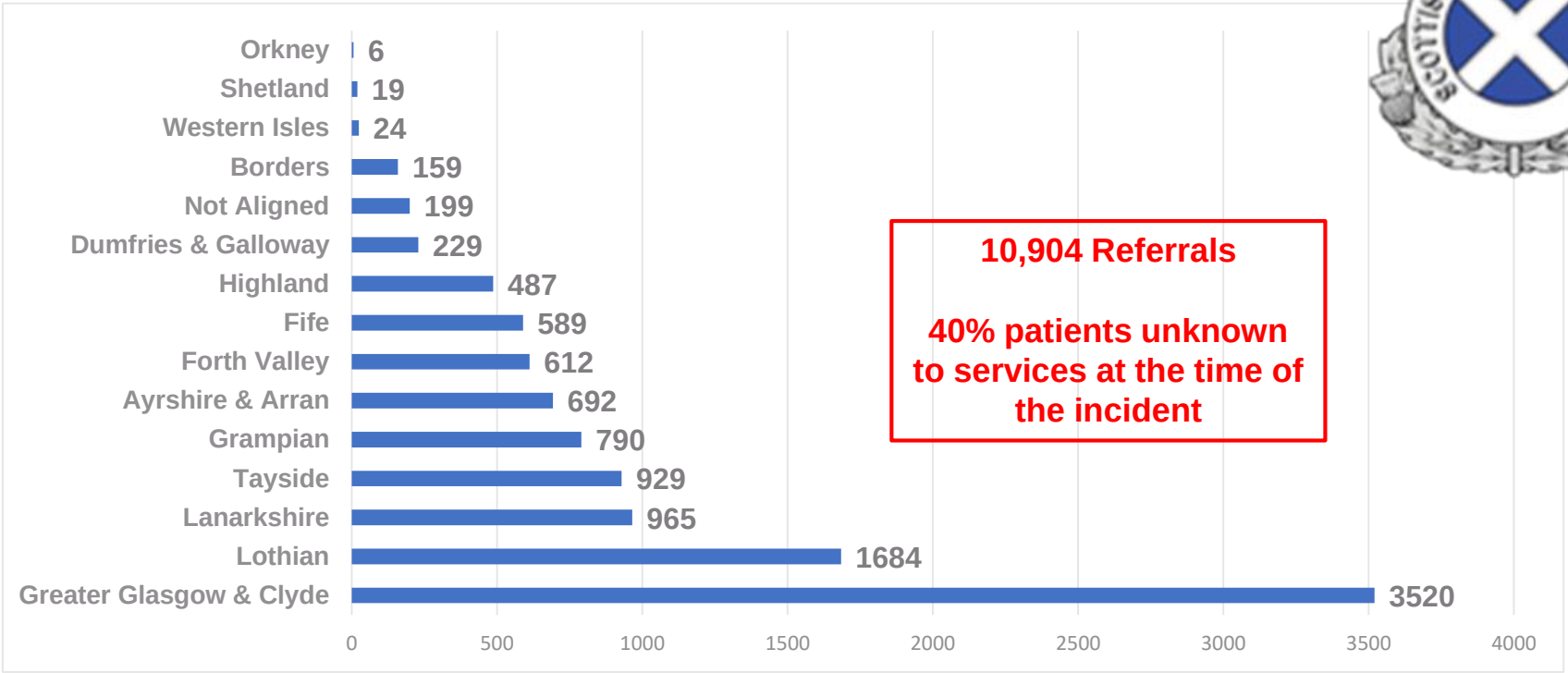
local drug treatment service assertive outreach

Consideration of non-fatal overdose data sharing objections

- Patient consent to share data is obtained on scene.
- If they don't give consent or are unable to consent, this is registered as on objection.
- All objections are considered and can be over-ruled where there is evidence of clear risk to life.

✓ Decreased Level of consciousness on crew initial assessment?
✓ Respiratory rate <10
✓ Seizure
✓ Is there evidence of previous episodes of overdose or escalating risk to loss of life?
✓ Did the episode of care conclude with no conveyance and significant safety netting concerns?

Non-Fatal **Overdose Pathway – Incidents Reported**
01.07.21 to 31.01.2023



10,904 Referrals

40% patients unknown to services at the time of the incident

Outcomes and Measurement

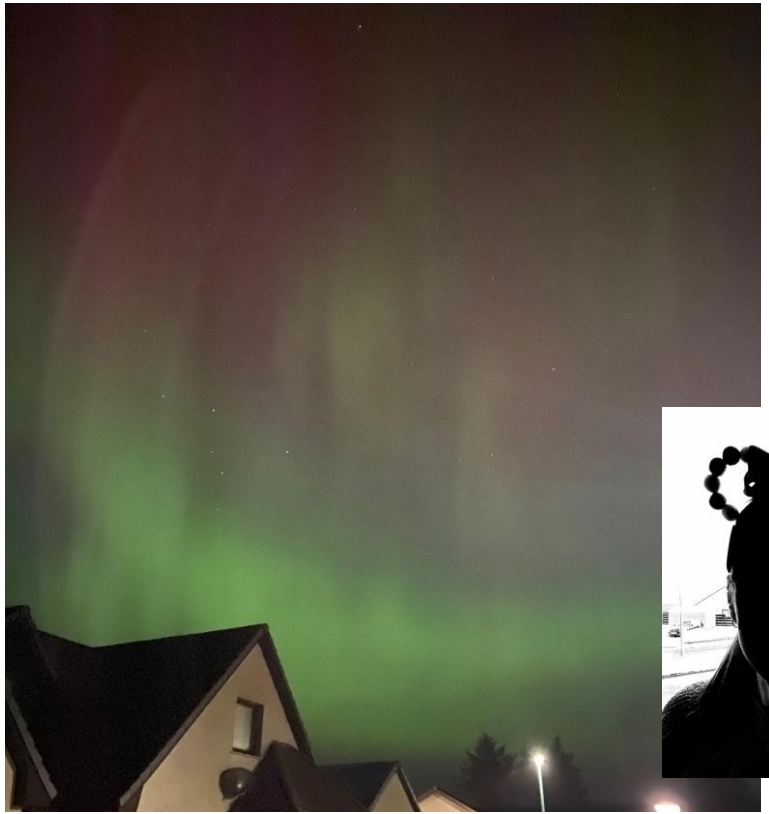
- Data definition
  - Can this be broader?
  - Is it working as intended?
  - Can we capture a wider ‘at risk’ population?
  - Re-design of electronic patient recording form
- How does this evolve to suit changing landscape of drug use?
  - Injecting harms
  - Cocaine
  - Gabapentinoids
  - Problematical alcohol use
- MAT Standards / MIST / Scottish Government
  - Work together to seek to understand the outcomes for patients
  - Measure the impact on prevention of harm and reduction in deaths

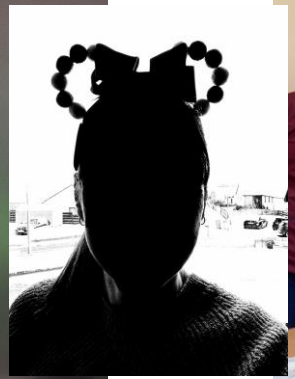
Lesley Campbell

Drug and Alcohol Recovery Service Team Lead,
Caithness and Sutherland, NHS Highland

NHS Highland

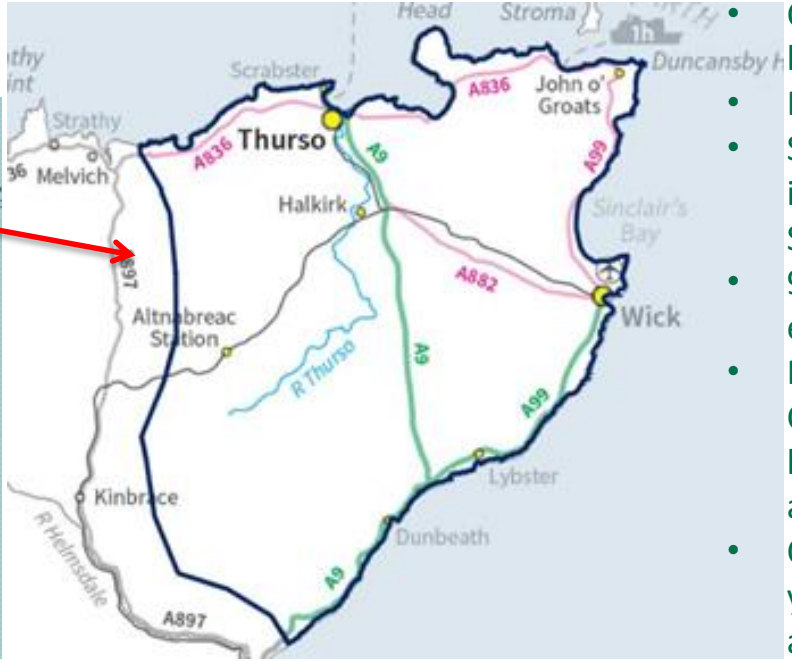
Caithness DARS MAT 3 Project





Lesley Campbell
Drug and Alcohol Recovery Service Team Lead
Caithness and Sutherland
Caithness Drug and Alcohol Recovery Service
CMHT, Old Out Patients, Dunbar Hospital, Thurso, KW14 7XE
01847 891224
lesley.campbell6@nhs.scot

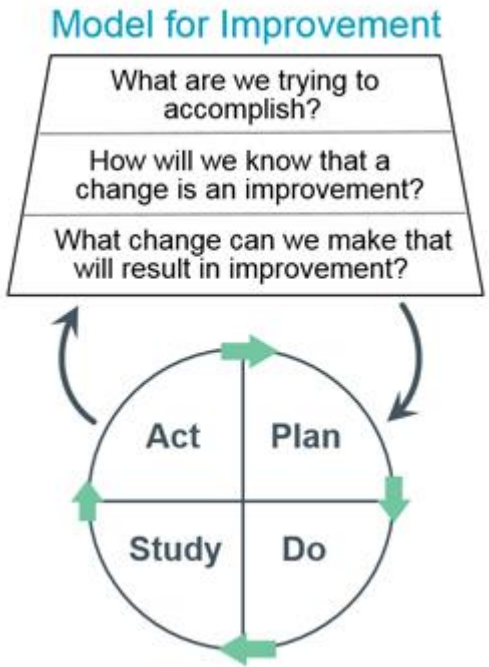
A warm hearted welcome to Caithness!



- Population 25,347
- Concerns regarding population health and mortality
- Number of deaths > births
- SIMD 2020 identifies 4 data zones in the 20% most deprived in Scotland
- 9.6% of the working-age are employment deprived
- NRS data shows most people in Caithness die over the age of 60 however there is a male death spike age 30-44
- CDARS average 170 referrals per year and hold 90-100 on caseload at any time
- 40% of these are on OST

Process As easy as 1,2,3 . . .

1



Pictures with thanks to Institute for Healthcare Improvement 2023

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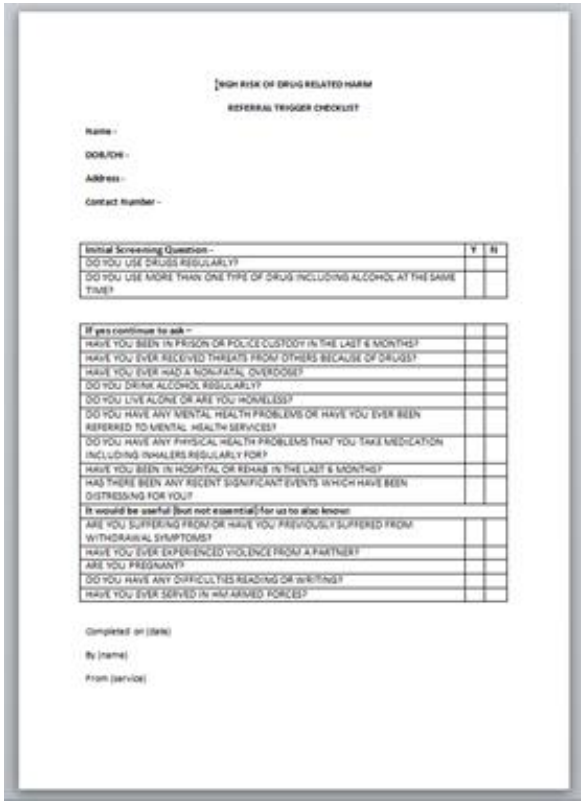


HIGH RISK OF DRUG RELATED HARM

REFERRAL TRIGGER CHECKLIST

Name -

DOB/CHI -

Address -

Contact Number -

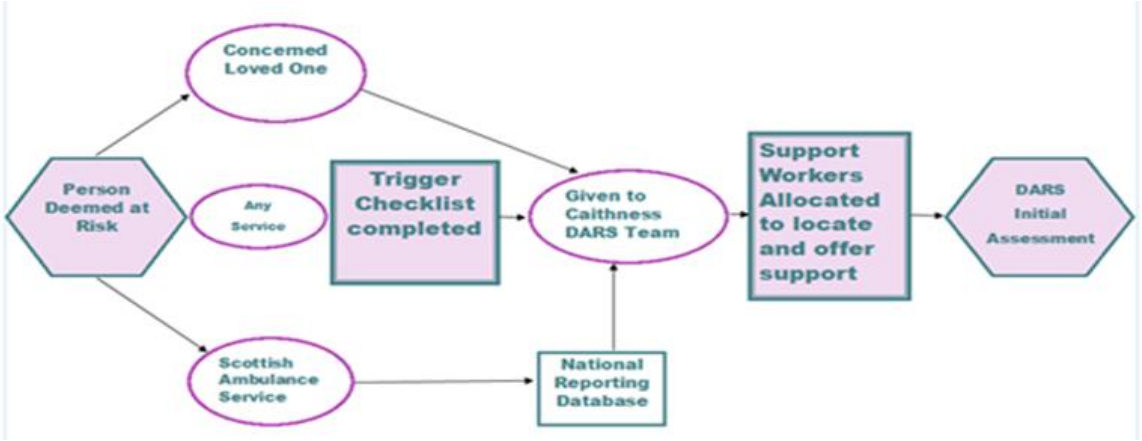
Initial Screening Question -	Y	N
DO YOU USE DRUGS REGULARLY?		
DO YOU USE MORE THAN ONE TYPE OF DRUG INCLUDING ALCOHOL AT THE SAME TIME?		

If yes continue to ask -		
HAVE YOU BEEN IN PRISON OR POLICE CUSTODY IN THE LAST 6 MONTHS?		
HAVE YOU EVER RECEIVED THREATS FROM OTHERS BECAUSE OF DRUGS?		
HAVE YOU EVER HAD A NON-FATAL OVERDOSE?		
DO YOU DRINK ALCOHOL REGULARLY?		
DO YOU LIVE ALONE OR ARE YOU HOMELESS?		
DO YOU HAVE ANY MENTAL HEALTH PROBLEMS OR HAVE YOU EVER BEEN REFERRED TO MENTAL HEALTH SERVICES?		
DO YOU HAVE ANY PHYSICAL HEALTH PROBLEMS THAT YOU TAKE MEDICATION INCLUDING INHALERS REGULARLY FOR?		
HAVE YOU BEEN IN HOSPITAL OR REHAB IN THE LAST 6 MONTHS?		
HAS THERE BEEN ANY RECENT SIGNIFICANT EVENTS WHICH HAVE BEEN DISTRESSING FOR YOU?		
It would be useful (but not essential) for us to also know:		
ARE YOU SUFFERING FROM OR HAVE YOU PREVIOUSLY SUFFERED FROM WITHDRAWAL SYMPTOMS?		
HAVE YOU EVER EXPERIENCED VIOLENCE FROM A PARTNER?		
ARE YOU PREGNANT?		
DO YOU HAVE ANY DIFFICULTIES READING OR WRITING?		
HAVE YOU EVER SERVED IN HM ARMED FORCES?		

Completed on (date)

By (name)

From (service)



Digital Value Management Board

3

Picture with thanks to Institute for Healthcare Improvement 2023

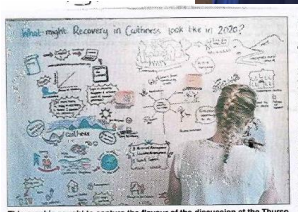
	B	BA	BB	BC	BD	BE	BF
Performance Measures	% of success - staff lunch breaks			25%		95%	100%
	% of patient feedback (weekly)						
	Days since DRD/NFOD notification (weekly reporting from Scrum note)	25	32	39	46	53	60	67
	Referral numbers (monthly)		14				9	
	Referral to Assessment waiting time (quarterly)							
	Trigger checklist referrals (weekly initially)	2	2	1	4	1	1	1
	% of new/ not previously known people (weekly initially)	0%	0%	0%	0%	0%	0%	0%
	% Harm redution uptake (weekly initially)	0%	0%	0%	25%	0%	0%	100%
	% Opting out of assertive outreach (weekly initially)	0%	0%	0%	0%	0%	0%	0%
	% going on to MAT 1 from trigger checklist referral (quarterly)	0%	0%	0%	0%	0	0	100%
Capacity Measures	% of direct patient care (quarterly)	0%						
	% of indirect patient care (quarterly)	0%						
	% of staffing establishment in post	8%	88%	88%	88%	88%	88%	88%

Measurement Plan | Box Score | Quality | QPDSA | Safety | Patient Experience | Staff Experience | Staff Experience

Partners

Who are our partners?
Strengths of a rural community
Barriers

Communication
Networking
Sharing
Educating



This graphic sought to capture the flavour of the discussion at the Thurso forum.

Caithness groups meet to tackle addiction problems

MORE than 70 people from a range of organisations last week discussed ways to support people in recovery from drug and alcohol problems at an event in Thurso.

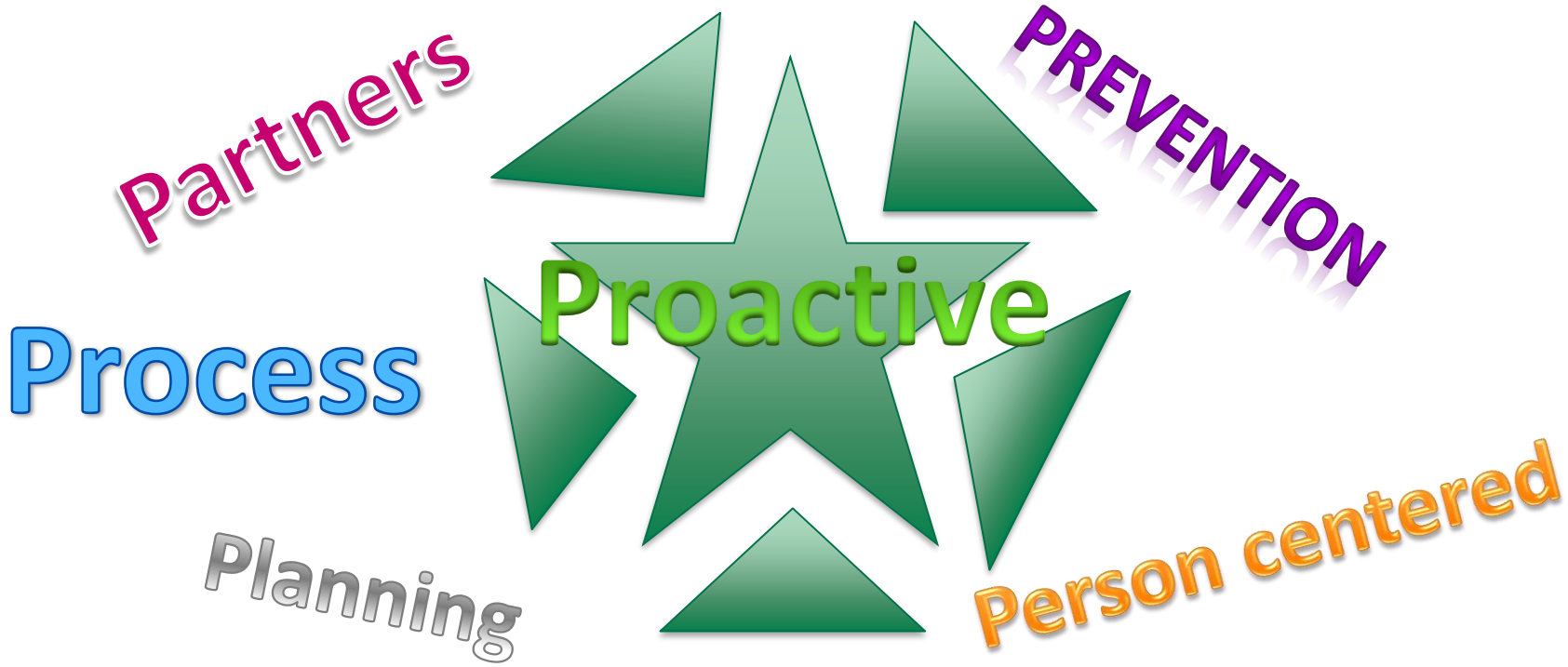
The Conversation Cafe was organised by the Caithness Drug and Alcohol Forum and provided an opportunity to plan ways to demonstrate that people in the far north can and do recover from dependency and make positive contributions to their community.

The event was attended by workers from a range of agencies in Caithness and elsewhere in the Highlands. They were joined by people in recovery and their families, who shared their experience of the impact of substance misuse problems and what helps with recovery.

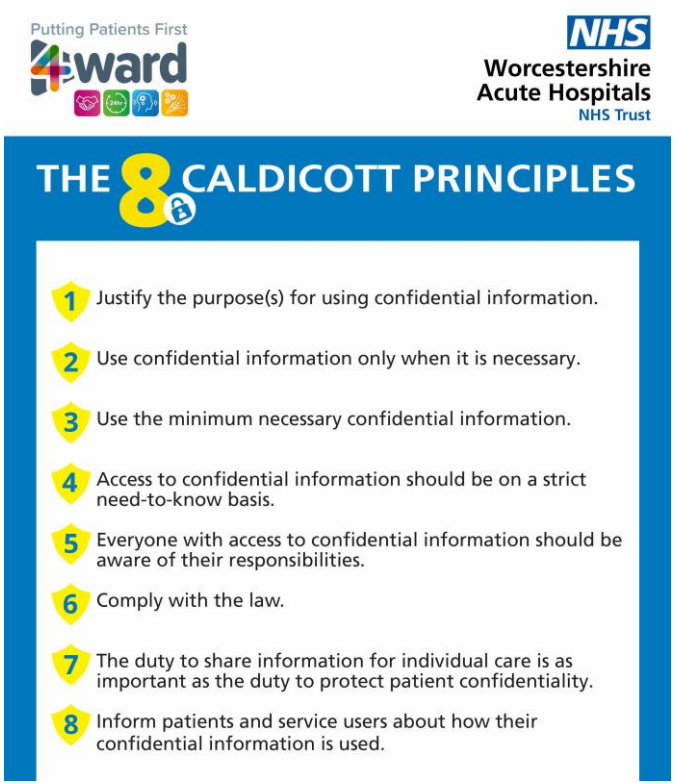
Forum chairwoman Lesley Campbell, said: "It was inspirational to hear that many people do recover and are able to move on and lead fulfilling lives.

"I would like to thank everyone that came along. The event was inspirational and there was a real feeling of hope for the future of recovery in Caithness".

The forum received support from the Scottish Recovery Consortium and the Highland Alcohol and Drugs Partnership in organising th e event. It is now preparing to hold its annual general meeting on Wednesday, September 14 in the Norseman Hotel in Wick.

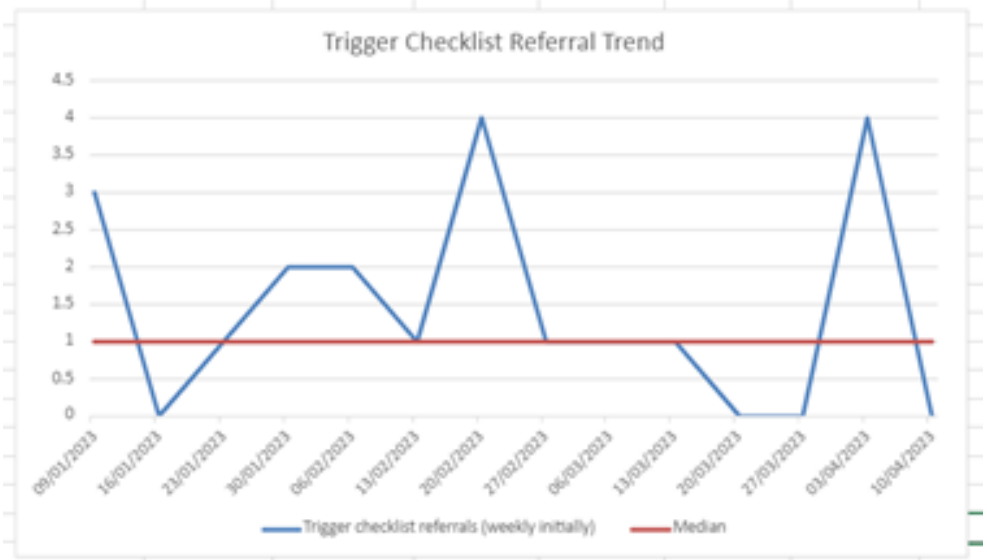

Partners
PREVENTION
Proactive
Process
Planning
Person centered

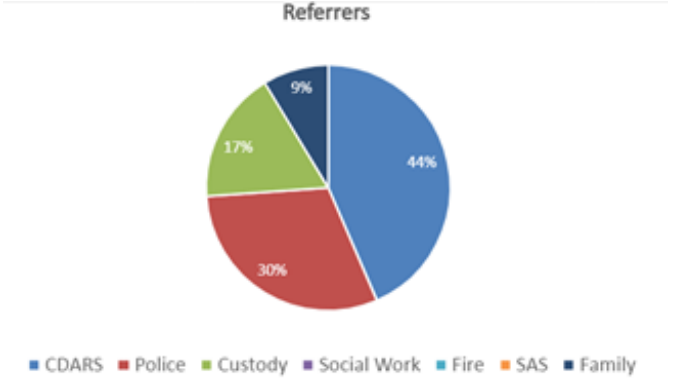
There are always challenges along the way!

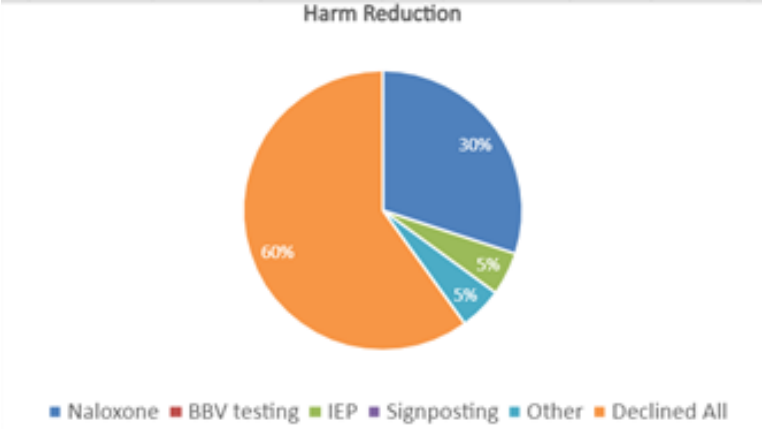


1- Can we justify the purpose?
2- Is it necessary?
3- Are we collecting minimal information?
4- Is it need to know information?
5- Is my team aware of their responsibilities?
6- Am I complying with the law?
7- Is the duty to share more important than confidentiality?

The story so far . . .







The potential!

1st May 2023

Questions for speakers

Julie Heslin-McCartney
Clinical Effectiveness Lead
(East Region)
Scottish Ambulance Service

Email: julie.mccartney2@nhs.scot

Lesley Campbell
Drug and Alcohol Recovery
Service Team Lead
Caithness and Sutherland, NHS Highland

Email: lesley.campbell6@nhs.scot

Breakout session: The year ahead – ambitions and priorities

Questions to consider

- What are your high-level local priorities going into the next year?
- What will be your most significant barriers to progress in the next year?
- What will be your strongest enablers in the next year?
- What further national support would be helpful to you in the coming year?

John Campbell

Injection Equipment Provision Manager, NHS Greater Glasgow & Clyde

NHS Greater Glasgow and Clyde

WAND

from idea to implementation

John Campbell

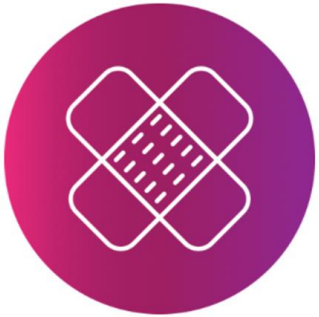
History of drug harms in Glasgow

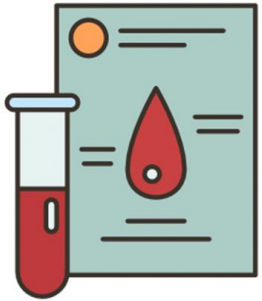
- 1986 Benzo harm (Temazepam)
- 1990's Hep C and rising DRD's
- 2000 Clostridium
- 2009 Anthrax
- 2011 Newer type benzos
- 2015 Botulism
- 2015 HIV
- 2019 Record DRD
- 2020 increase in injecting injuries?

"Just a minute!"

WAND

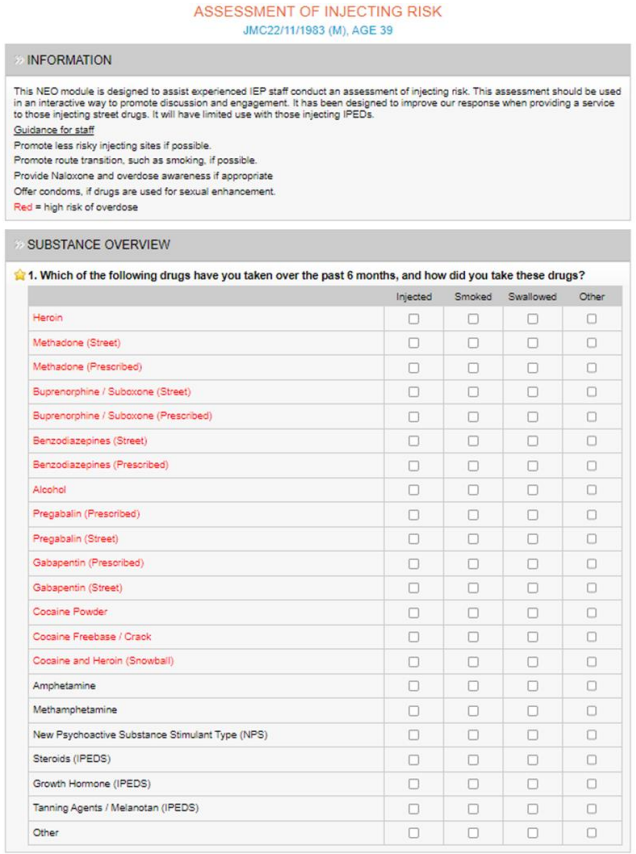
- WAND is a multi-agency coordinated harm reduction response
- Focuses on interventions carefully selected to reduce most significant drug harms – DRD, BBVs and Injecting complications
- Incentivised to drive footfall





AIR

- AIR tool is a comprehensive assessment tool which has been designed to be used as a key component of the WAND initiative.
- The tool is accessed through the main NEO 360 system and available to trained staff
- This tool guides both parties through the assessment process. This involves in depth discussions regarding all aspects of the preparation and injection of drugs.
- **This is not a survey, research or data collection tool**



ASSESSMENT OF INJECTING RISK

JMC22/11/1983 (M), AGE 39

INFORMATION

This NEO module is designed to assist experienced IEP staff conduct an assessment of injecting risk. This assessment should be used in an interactive way to promote discussion and engagement. It has been designed to improve our response when providing a service to those injecting street drugs. It will have limited use with those injecting IPEDs.

Guidance for staff

Promote less risky injecting sites if possible.

Promote route transition, such as smoking, if possible.

Provide Naloxone and overdose awareness if appropriate

Offer condoms, if drugs are used for sexual enhancement.

Red = high risk of overdose

SUBSTANCE OVERVIEW

1. Which of the following drugs have you taken over the past 6 months, and how did you take these drugs?

	Injected	Smoked	Swallowed	Other
Heroin	☐	☐	☐	☐
Methadone (Street)	☐	☐	☐	☐
Methadone (Prescribed)	☐	☐	☐	☐
Buprenorphine / Suboxone (Street)	☐	☐	☐	☐
Buprenorphine / Suboxone (Prescribed)	☐	☐	☐	☐
Benzodiazepines (Street)	☐	☐	☐	☐
Benzodiazepines (Prescribed)	☐	☐	☐	☐
Alcohol	☐	☐	☐	☐
Pregabalin (Prescribed)	☐	☐	☐	☐
Pregabalin (Street)	☐	☐	☐	☐
Gabapentin (Prescribed)	☐	☐	☐	☐
Gabapentin (Street)	☐	☐	☐	☐
Cocaine Powder	☐	☐	☐	☐
Cocaine Freebase / Crack	☐	☐	☐	☐
Cocaine and Heroin (Snowball)	☐	☐	☐	☐
Amphetamine	☐	☐	☐	☐
Methamphetamine	☐	☐	☐	☐
New Psychoactive Substance Stimulant Type (NPS)	☐	☐	☐	☐
Steroids (IPEDS)	☐	☐	☐	☐
Growth Hormone (IPEDS)	☐	☐	☐	☐
Tanning Agents / Melanotan (IPEDS)	☐	☐	☐	☐
Other	☐	☐	☐	☐

WAND only happened because…….

- A national AIR tool was developed in partnership with other board areas
- We had maximum buy in from our third sector partners management
- There was a willingness from frontline staff to drive the initiative forward
- We provided advanced training for all WAND staff
- We had full support from our ADP – including a leap of faith with incentivised cash payments

Four stages to WAND implementation

Acknowledgement harm reduction needs improved

Train staff to the level where they are HR competent

Implement the initiative with maximum support

Monitor, feedback, improve and develop

An example of WAND driving change

Injection Site	Number (Value)	Number (%)
Arms	618	52
Legs	284	24
Groin	518	43
Neck	22	1

Thank you

Multiple Pathways to Recovery, SISCO

Natalie Logan McClean
CEO, Sustainable Interventions Supporting Change Outside (SISCO)

S.I.S.C.O
Building a bridge between prison and the community

SISCO

- Sustainable
- Interventions
- Supporting
- Change
- Outside

What makes SISCO unique?

Supporting the many pathways of recovery

INTERVENTION

PSYCHOSOCIAL SUPPORT

LIFE SKILLS

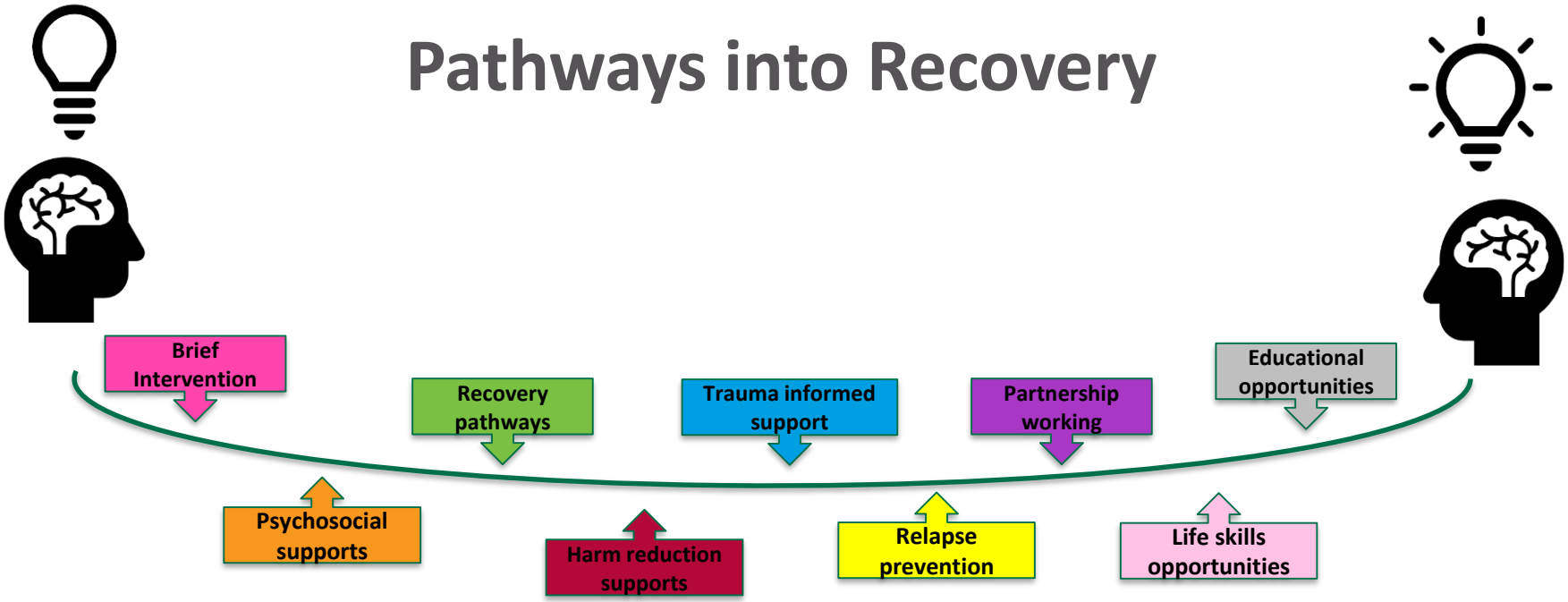
ORT

RECOVERY SUPPORTS

ADDICTION

RECOVERY

Pathways into Recovery



Over the years we have built strong working relationships with a number of vital organizations who offer prisoners support prior to liberation.

<u>Some of these partners include:</u>

Scottish Prison Service
Street Soccer Scotland
Community Justice Scotland
The Violence Reduction Unit
UWS
Dynamic Creations
Strathclyde University
Phoenix Futures
NRFG
G20
NG Homes

Cost Comparison

	Cost*
Cost to house a prisoner for a year including legal costs	£64,000
2017 cost in court cases	£700 million
Average custodial sentence 9 ½ months	£30,083
Community payback orders in 2018 for 19,000 people	£37.4 million
An individual service 15 years following high court trial	£640,000
HTC monitoring tag	£126 p/w

The average cost to house a prisoner yearly is **£38,000.**
With legal costs of **£26,000** this can rise to **£64,000.**
The average cost to place someone in a residential rehab with aftercare support for a year is **£25,728.**
This represents saving the taxpayer of **£38,272.**
One peer mentor would support 6 prisoners at a salary cost of £22,000 per year.
This represents saving the taxpayer £362,000 per year to the criminal justice budget.
Using statistics available from HMP Barlinnie from 2017/18, we successfully supported the liberation of 38 prisoners by keeping them out of prison for a year saving the taxpayer **£244,666.66666.**
This was recognized by the Scottish Prison Service, and we won a partnership award for that year.

Questions for speakers

John Campbell
Injection Equipment Provision Manager,
NHS Greater Glasgow & Clyde
Email: John.Campbell@ggc.scot.nhs.uk

Natalie Logan McClean
CEO, Sustainable Interventions
Supporting Change Outside (SISCO)
Email: natalie@sisco.org.uk

Next steps and close

Ruth Robin

Portfolio Lead

Healthcare Improvement Scotland | ihub Enabling health and social care improvement

Thank you

- Event summary to follow
- Provisional date for next webinar: **Friday 9th June 2023**

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