

Medication Assisted Treatment (MAT) Standards Learning System

Session 3: Involvement for Improvement

21 July 2023 11am - 12.30pm



Improvement Hub

Enabling health and social care improvement



Ruth Robin Portfolio Lead





Agenda

Time	Agenda item	Speaker
11.05-11.15	Welcome and introductions Programme Update	Ruth Robin, Healthcare Improvement Scotland
11.15-11.35	Importance of Involvement, including Family Inclusive practice	Suzanne Gallacher, Scottish Families Affected by Alcohol and Drugs
11.35-11.40	Reflective Questions	All
11.40-11.50	Refreshment break	
11.50-12.00	Experiential data collection	Tracey Clusker, MIST, Public Health Scotland
12.00-12.15	Breakout Session: Experiential – The Local Context	All
12.15-12.25	Breakout Session Feedback: Key Reflections	Facilitators
12.25-12.30	Next steps and close	Ruth Robin

Suzanne Gallagher

Scottish Families Affected by Alcohol and Drugs





MAT Standards & Families

Sooze Gallagher Email: <u>suzanne@sfad.org.uk</u> @SuzanneSFAD

Family Inclusive Practice in Policy



Rights, Respect and Recovery

Vision: Scotland is a country where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities:

- Have the right to health and life -free from the harms of alcohol and drugs;
- Are treated with dignity and respect;
- Are fully supported within communities to find their own type of recovery

The framework for families affected by substance use

focuses on improving holistic family support. It re-emphasises the importance of families as partners in supporting their loved one's treatment and recovery. It also stresses that families need and deserve support in their own right and recognises the need to support children affected by family substance use



Families Welcome-ISH



- Families tell us daily they continue to be routinely excluded & dismissed by treatment and care services
- Families are rarely offered support in their own right.

Family Reference Group Recommendations, June 2022

- Families must be included as **partners in care** through a presumption of family involvement, in line with national policy and legislative commitments, and similar to other long term, chronic health conditions;
- There should be mandatory training in Family Inclusive Practice for all staff working in alcohol and drug services;
- There should be a specific **MAT Standard for Families** including family support and involvement.
- Family members must be offered **support in their own right**, regardless of their loved one's situation.

Families Welcome-ISH



ATTITUDE A way of thinking or feeling

with regards to someone or something.

BELIEF An idea that is accepted as true without any facts.

Persecuting professional contributed to the could they be helpful in coming up with the solution? They should listen to me because I have the expertise'

> **Tokenistic family** inclusion triangle

> > Victimised families They make us feel powerless and blamed for things outside our control'

Rescuing

professional

They are

to deal with

professional 'How can I use my knowledge to

Assertive

Caring professional 'I will listen to you until I understand your view of the world and how to see substance use issues from your perspective'

Vulnerable families 'We would like to use your knowledge to assist us in better understanding substance use issues and the system. desperate and You will be on TAP, not on TOP.' lost I will help know best how

> Meaningful family inclusion triangle

What do MAT standards mean for families



- Service will ensure people are aware of their right to have a family member support them while in MAT and staff will actively assist and support people who choose this option.
- Family members are welcome at appointments and treated with dignity and respect. Their experiences and points of view acknowledged and valued.
- Family members feel involved in choices about care plans and are encouraged to support the person in following their treatment plan.
- Family member are confident that if they contact a service with immediate concerns for the safety of their loved ones, or themselves, or of those around them, including children, they will receive appropriate and timely support and action.
- Clear pathways for family members to use independent advocacy to raise concerns if, for example, they feel they have not been fully informed in decisions about the persons care.
- Family members have a named worker as a main point of contact with services and are confident that services are working together and sharing information appropriately.
- Family members feel involved in the design, delivery and evaluation of MAT services.
- Family members feel able to provide feedback, including complaints, to the service on care planning and treatment, through informal or formal channels.

Families Expectations of MAT



- Families were hopeful at the promises around the implementation of the MAT standards.
 - Opportunity to provide proactive support to meet the needs of their vulnerable and often fragile family members.
 - \circ Chance to do things differently and make a real change to the lives of their loved ones.
- 10 standards to meet all needs of their vulnerable family members
- Accountability and transparency
- Acknowledgement, inclusion and support for them as majority primary care givers
- Wider supports offered and not purely "methadone clinics"
- Rapid access to support to minimise risks of harms and prevent deaths

What is not working



- 10 standards require to be implemented when areas are concentration on 1-5
 O What is being reported versus offered "significant implementation gap".
- Frustrated at the level of support for their loved ones, who are not using opiates, are receiving.
 - MAT is seen as opiate standards. Those experiencing issues with substances such as alcohol, cocaine and benzos still excluded.
- No acknowledgement that "treatment" for their loved one should not only be a medical model.
 - People struggling with other substances for which there is no replacement medications could access psychosocial and mental health support within the context of MAT. This is not being offered within the same timescales as OST if it is even offered at all.



- Families strongly feel that there is no acknowledgement of them as the primary care givers.
 - Across Scotland it is still a postcode lottery as to what level of support that consists of if it exists at all. In order for families to continue to deliver this level of support, which comes at an emotional, physical and often and financial cost they need to be supported.
 - Families feel that when there is contact with treatment services there is no consideration to how their health and wellbeing needs are being met, they are rarely considered or acknowledged and often dismissed.

What is needed



- Families recognised & involved
- Commissioned dedicated FSS in every ADP area
- All services FIP trained
 - Automatic support & recognised care givers.
- Families need and deserve information
 - Levels of consent
- OOH/PH support for MAT
- All substances covered under MAT
- Many areas no anticipatory care
 - NFO Pathways family referrals
 - Escalation of concerns handling
 - Automatic discussion around support requirements

Questions



Sooze Gallagher Email – <u>Suzanne@sfad.org.uk</u>

FIP Development Officer Daryl McLeister Email – Daryl@sfad.org.uk



Please complete our poll reflecting on Suzanne's presentation:

- 1) Please can you share any examples you are aware of in your area in relation to involvement and/or family inclusive practice?
- 2) If involvement isn't something you have previous experience of, what do you feel may be the challenge(s)?
- 3) How can this webinar series and/or wider learning system support you with encouraging and embedding involvement and/or family inclusive practice?

Refreshment break



Tracey Clusker Clinical Lead/Nurse Consultant MIST (MAT Implementation Support Team) Public Health Scotland



Community engagement: experiential data for service improvement

MAT Implementation Support Team (MIST)

Tracey Clusker, Clinical Lead



MIST & Experiential programme

MAT Standards Implementation Support Team (MIST)

- MIST remit
- ADPs submit process, numerical and experiential evidence to demonstrate they are meeting the MAT standards



Experiential programme: key elements

ADPs gather experiential evidence for use in service improvement and to evidence the MAT standards from:

- people accessing treatment
- service providers
- families and nominated persons

using three core questionnaires, supplemented by question bank questions when necessary

Evidence is gathered by a local team consisting of:

- people accessing treatment
- service providers
- families and nominated persons



Experiential programme: what it is and what it isn't

What it is

- on-going dialogue
- patient experience work

What it isn't

- not a one-off survey or research project
- is not qualitative research although draws on qualitative research tools and methods
- not a closed question survey

- open-ended questions
- improvement: cycle of gathering evidence and using it to inform service improvement, then beginning again

Experiential programme: key elements

MIST guidance includes the need for:

 each ADP to have a experiential lead to co-ordinate and oversee the local team and process through to service improvement which includes:

 recruitment and training of local interviewers (MIST provide training)

 establishment of local processes to ensure management of interviews, data protection and confidentiality, support for interviewers

o a programme plan for experiential work and service improvement

Expanded experiential programme:

2022 to 2023: set up of local teams in ADPs and first year of evidence gathering

2023 to 2024:

- Evidence gathering and service improvement continues
- Expanded experiential programme:

 introduction of experiential justice work in community and prison settings
 development of MAT Standard 11: Community Engagement for Improvement

o development of Service Specification for Expanded Experiential Programme



MAT Standard 11: Community Engagement for Improvement

- will underpin all MAT Standards
- will embed community engagement in service improvement work
- will embed current experiential processes into practice
- criteria of MAT 11 to be produced and agreed by steering group (July to Sept 23) and then circulated for consultation to wider stakeholders
- will be linked to Service Specification for Expanded Experiential Programme (in development)



MIST wishes to hear your views:

- What may be the challenges for you in implementing MAT 11 locally?
- How can we make this work?
 - What is already happening?
 - Creative solutions?



Questions to consider

- What may be the challenges for you in implementing MAT 11 locally?
- How can we make this work?
- What is already happening?
- Creative solutions?

A link to the MIRO board can be found in the chat box.

Please continue to use the chat box if there are any further reflections you would like to add

What was discussed:

- What may be the challenges for you in implementing MAT 11 locally?
- How can we make this work?
- What is already happening?
- Creative solutions?

Your feedback matters to us.

Please take a moment to complete a few quick questions, link is posted to the chat.





- Event summary will be available from ihub.scot/matupdates
- Hold the date for our next webinar: **1 September 2023**



