

MAT STANDARDS: WEBINAR 3

Contributions and reflections from
breakout room discussions.

WHAT MAY BE THE CHALLENGES FOR YOU IN IMPLEMENTING MAT 11 LOCALLY?

- **Culture change** – challenging to hear what is not working well, building trust and relationships, value of independent community groups who can speak freely about their experiences, staff training needed to help support families, friends, and carers.
- **Engagement barriers** – trauma from historic experiences with services, some service users would prefer family not to be involved, survey burnout, waiting lists and demands.
- **Stigma and providing options** - community resource and input can vary across localities, fear of identification means helplines can be very useful, providing transport and different ways to engage with data collection.
- **Process challenges** – additional ask to existing challenges of implementing standards one to five, GDPR and related regulations, current focus of the standards, lack of follow up mechanisms, capacity and consistency in changing pathways.



HOW CAN WE MAKE THIS WORK?



- **Role of lived experience and peer workers** – peer and family member researchers can help build trust and connect with people not engaging with services.
- **Capacity building** – fully integrate services to maximise resources, formalise what is working well into processes, further training on quality improvement and trauma informed practice, commitment on leadership, funding, and workforce.
- **Further guidance** – more information from MIST on experiential data processes, data sharing consent, and sharing examples of good practice to help form solutions.
- **Flexibility to adapt services and processes** – identify different needs of rural and remote communities, ensure safety and accessibility, balance virtual and in person feedback formats, use existing networks and relationships.

WHAT IS HAPPENING ALREADY?

- **Role of lived experience** – peer worker groups for data collection, lived experience engagement through networks and panels for consultation.
- **Culture change** – challenge to stigma, public perception, and perspectives on recovery so that families are not separated.
- **Ongoing data capture** – continuing collection of data and feedback on patient journeys, families and carers, and registering patient consent on clinical system to facilitate information sharing between services.
- **Partnership working** – connecting with advocacy services and community recovery groups to share knowledge, experiences, and maximise resources and funding.



CREATIVE SOLUTIONS



- **Developing approaches to feedback** – review suitable platforms, use physical mechanisms at service locations, and consider incentives like vouchers funded by ADPs.
- **Maximise use of community based forums and third sector support** – safe spaces to share experiences, support community activism and online forums, and listen to proposed solutions.
- **Clearer guidance for delivery** – MIST to lead work on resourcing and highlighting importance of family inclusive practice, and connecting peer research teams.
- **Good quality communications** – keep promotional materials updated and engaging, and plan communications activity in collaboration with partners.

**MEDICATION ASSISTED TREATMENT (MAT) STANDARDS:
ACCESS, CHOICE, SUPPORT**

We work with the Medication Assisted Treatment Implementation Support Team (MIST) to successfully implement MAT Standards to improve health and wellbeing outcomes for people affected by substance use in Scotland.

Find out more at:
[MAT Standards.](#)

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