

# **Improvement Support for MAT Standards Implementation Programme**

The MAT Standards Improvement Support programme will, in collaboration with Public Health Scotland's MAT Implementation support team (MIST), support the implementation of MAT standards across Scotland. The standards aim to reduce drug-related harm by providing a framework to ensure that MAT is sufficiently safe, acceptable, accessible, and person-centred, enabling people to have timely access to effective care and treatment, with a focus on quality of life and recovery. Our role will be to create a digital learning resource library and embed a national learning system alongside the design of an improvement programme that explores the role of community pharmacy and the next steps for successful implementation.

Situation	Inputs	Activities		Ou	
What's driving the change	What we need	What we do	Who we influence	What they gain	What they
Scottish Government's (SG) National Drugs Mission (2020)SG MAT Standards for Scotland: Access, Choice, Support (2021)Residential Rehabilitation Working Group: Recommendations on drug and Alcohol Residential Treatment Services (2020) – Scot Gov.Hard Edges Scotland (2019)Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy (2018)SG Alcohol Framework (2018)SG/COSLA Care services - Planning with People Guidance (2021)HIS Strategic Priorities to:• Help health and social care organisations to redesign and continuously improve services.• Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services to improve.Re-mobilise, Recover, Re-design: the framework for NHS Scotland and local remobilisation plans in response to COVID-19National Health and Wellbeing Outcomes (2015)Designing and Improving Residential Rehabilitation Pathways programme (HIS)Mental Health and Substance Use Pathfinder Programme (HIS)SG Mental Health Strategy: A 10-year vision (2017-2027)Alcohol and Drug Partnerships and Homeless Programme; Reducing Harm, Improving Care (HIS)Alliance Scotland National Collaborative: Charter for Human Rights in Substance Use servicesSG Drugs Death Taskforce Recommendations/Changing Lives (2022)PHS MAT Implementation Support	<ul> <li>Multidisciplinary team:</li> <li>Senior Improvement Advisor</li> <li>Improvement Advisor</li> <li>Pharmacy Clinical Lead</li> <li>Project Officer</li> <li>Improvement Implementation Facilitator</li> <li>Improvement Advisor for Involvement</li> <li>Wider HIS input/support as required relating to: <ul> <li>Data and measurement</li> <li>Evidence and evaluation guidance</li> <li>Strategic planning</li> <li>Mental health and substance use programme.</li> <li>Community Engagement directorate</li> <li>Quality Assurance directorate</li> </ul> </li> <li>Effective partnership working with: <ul> <li>Public Health Scotland's (PHS) MAT Implementation Support Team (MIST)</li> <li>Scottish Government</li> <li>NHS Education for Scotland</li> <li>Police Scotland</li> <li>Stakeholders across health, social care, local authorities, justice, third sector and voluntary organisations</li> <li>People with lived and living experience</li> <li>Carers</li> </ul> </li> <li>Access to, and the skills and capability to use, online engagement platforms to facilitate virtual engagement.</li> </ul>	<ul> <li>Establish, plan, and deliver a national learning system for MAT standards, which will include:</li> <li>A series of webinars show casing examples of good practice and providing a space to raise, reflect and collaboratively problem solve challenges faced during the implementation of the standards.</li> <li>An online library to host examples of good practice resources, insights, case studies and webinar recordings.</li> <li>In person events with particular focus on a key issue or where a quality improvement support need has been identified.</li> <li>Undertake an Impact and Implications assessment on Pharmacy services (with specific focus on Community Pharmacy (CP), with the aim of understanding:</li> <li>Range and scope of substance use services currently available through CP.</li> <li>Existing capacity within CP services to deliver services which support MAT.</li> <li>Type of training, support and infrastructure developments required to enable CP services to effectively deliver services which support MAT.</li> <li>Examples and areas of good practice driving successful MAT service delivery within CP settings.</li> <li>Understand the ongoing engagement requirements to embed changes to practice across CP.</li> <li>Produce and publish a suitability of spread report, working with the MIST team to understand from work undertaken to date:</li> <li>Gaps in Ql capacity and capability within local alcohol and drug partnerships (ADPs).</li> <li>Priorities for ADPs where using spread methodology would support acceleration of innovation in service models.</li> <li>Design a national improvement programme for MAT standards implementation, to include:</li> <li>Identifying appropriate range of tools and methods, stakeholders and evaluation mechanisms which can be adapted dependent upon the improvement opportunity</li> <li>An involvement plan outlining the engagement methodology and ethical considerations required to meaningfully engage those with lived and living experience.</li> </ul>	<ul> <li>People using services, their families, friends, and carers and those working in services to support them.</li> <li>Scottish Government (SG) – Policy leads in relevant programmes: <ul> <li>Alcohol and drugs</li> <li>Homelessness</li> <li>Population Health</li> <li>Mental Health</li> <li>Pharmacy and Medicines</li> <li>Primary Care Services</li> <li>Unscheduled care</li> </ul> </li> <li>Health and social care partnerships</li> <li>Integrated joint boards</li> <li>NHS regional and satellite boards</li> <li>Community Pharmacy strategic infrastructure including (SPISMs), NHS Board Community Pharmacy leads, Directors of Pharmacy, and Scottish Pharmacy Alliance Drug Harms Collaborative</li> <li>Primary care contractors including General Practice, Dental, Optometry and Community Pharmacies</li> <li>Local authorities, including housing and homelessness teams</li> <li>Justice services and the Scottish Prison Service</li> <li>PHS including the MIST team, Drug Mission Analyst teams.</li> <li>NHS National Education for Scotland (NES)</li> <li>Third sector including Scottish Families Affected by Alcohol and Drugs (SFAD), Simon Community, Scottish Recovery Organisations (SRC LERO)</li> <li>HIS executive team including the Cross-Organisational substance use group.</li> <li>National Collaborative</li> </ul>	<ul> <li>Drug and alcohol services gain</li> <li>opportunities to learn together, access the expertise of others and give and receive support to accelerate improvements in services for people requiring MAT.</li> <li>Scottish Government will gain: <ul> <li>an understanding of the role community pharmacy has in delivering MAT standards, evidence of current variation and insights into current services provided by community pharmacy that support the standards.</li> <li>an understanding of current challenges, areas for improvement and potential areas of good practice from the perspective of those with lived and living experience and facilitate their sustained inclusion in future service improvements.</li> <li>insights and assurance into the progress being made in the implementation of MAT and any improvement activities being undertaken at local level.</li> </ul> </li> <li>People using services, their families, friends, and carers gain: <ul> <li>Awareness of the standards and their rights relating to these.</li> <li>A platform to be heard with the opportunity to influence and change, where required, the design and delivery of current and future services for substance use.</li> </ul> </li> <li>Third sector and voluntary organisations gain the opportunity to: <ul> <li>Articulate and evidence activities that contribute to the delivery of MAT standards.</li> <li>Build/strengthen relationships between themselves and statutory services, identifying areas where collaboration would have a positive impact on outcomes.</li> </ul> </li> <li>HIS, PHS and NES gain <ul> <li>effective, collaborative working relationships, with the inclusion of lived and living experience to influence their ongoing activities that contribute to the delivery of MAT standards.</li> </ul> </li> <li>HIS gain a better understanding of linked programmes across the organisation and how these links can be facilitated to increase the impact of each programme.</li> </ul>	<ul> <li>Drug and alcohol</li> <li>implement ar work with oth organisations of MAT stand appropriate, nationally to and experien services.</li> <li>Scottish Governmy where appropriate</li> <li>the recomment the pharmace delivery of M services.</li> <li>People using serve friends, and careet</li> <li>be actively er improving loo of MAT stand</li> <li>Have an oppore experiences are improvement</li> <li>Third sector, volue services will:</li> <li>be able to ind network and pathways are collaborative accessing serve</li> <li>have a traume with care and trauma inform</li> <li>National bodies w</li> <li>connect and programme with care and hou evidenced.</li> <li>Utilise the mate engage with the HIS will</li> <li>ensure appro- planning to a with lived and</li> </ul>
Programme	Assumptions about inputs and activities			External factors impacting on outcomes	
<u>Potential future drivers</u> Proposed National Care Service Bill Proposed Human Rights Bill	Ability to recruit and maintain staff for duration of the programme. Collaborative working between substance misuse and mental health programmes across HIS.			Capacity at local level to engage in improvement activitidue to competing priorities and demands.	
Proposed Right to Addiction Recovery (Scotland) Bill Proposed Alcohol Standards	Security of Scottish Government funding and Data availability to understand impact. Commitment.			Long term impact of Covid-19 on workforce across all organisations.	

#### 16 April 2024

## utcomes

## ey do differently

ol services will areas of good practice and other boards and ons to improve local delivery indards and, where te, standardise services to ensure equitable access

- ence for those using
- nment will consider and, iate, act upon
- mendations found as part of acy report to support
- MAT standards through CP
- ervices, their families, arers will:
- engaged in developing and local and national delivery indards.
- pportunity to share their es and influence the ent programme design.
- oluntary and statutory

increase their social nd ensure systems and are in place to support ive working with the people services at the centre of this. uma informed workforce and treatment delivered in formed environments.

es will

nd actively engage in cross ne working, ensuring that ents across health, social nousing are visible and can be

national learning system to th the national landscape.

nultidisciplinary team to ne's relating to substance

propriate engagement to actively engage with those and living experience.

### The difference this makes

Drug and alcohol services can utilise engagement to support:

- Performance against local benchmarking reports on the implementation of MAT standards improvements.
- evidence of the inclusion of lived and living experience narrative as part of reports.

People accessing services, their families, friends, and carers:

- are listened to and involved in decision making around care.
- are given choices of treatment.
- have access to the same quality of support, care and treatment and onward referrals.
- do not experience stigma or discrimination.
- experience improved links and referral pathways between health, social care and third sector.
- experience improved information transfers between services to reduce any risk of traumatisation.

Community pharmacy

- is seen as a valuable partner in the delivery of MAT standards.
- there are systems and processes in place to deliver MAT standards.

There is an increase in the number of people engaging with substance use services and starting on their recovery journey.

There is a reduction in the number of people harmed because of substance use.

#### vities

Matched priorities within local system.

Availability of funding at local level.

Stable policy landscape to evidence impact of programme activities.