

Medication Assisted Treatment (MAT) Standards Webinar Series

Session 2

Access, Choice & Support

09 June 2023
10.30am – 12.30pm

WELCOME

Diana Hekerem
Associate Director of Transformation Redesign



AGENDA

Time	Agenda item	Speaker
10.35-10.50	Welcome and introductions Programme Overview	Diana Hekerem, Associate Director of Transformational Redesign, ihub
10.50-11.05	Access: West Dunbartonshire Addiction Service: Same Day Access to Treatment	Jacqui McGinley, Integrated Operational Manager, West Dunbartonshire HSCP Addiction Service
11.05-11.20	Breakout Session: What Matters to You?	Lindsay Wallace, Senior Improvement Advisor, ihub
11.20-11.25	Breakout Session Feedback	All
11.25-11.30	Screen Break	
11.30-11.45	Choice: Long Acting Injectable Buprenorphine (LAIB) Pilot, NHS Dumfries and Galloway	Mark Blount, Specialist Pharmacist in Substance Misuse NHS Dumfries & Galloway
11.45-12.00	Quality Improvement (QI) Toolbox Talk: Spreading Improvement	Lindsay Wallace
12.00-12.05	Making Connections	Sophia Madden, Knowledge & Information Skills Specialist, Transformational Redesign, ihub
12.05-12.20	Support: Forth Valley – Psychological Therapies and Recovery Development Worker	Dr Zoe Stanley, Head of Substance Misuse Psychology, NHS Forth Valley Scott Ferguson, Recovery Development Worker, Recovery Scotland
12.20-12.30	Thank you & close	Diana Hekerem

ACCESS: WEST DUNBARTONSHIRE ADDICTION SERVICE, SAME DAY ACCESS TO TREATMENT

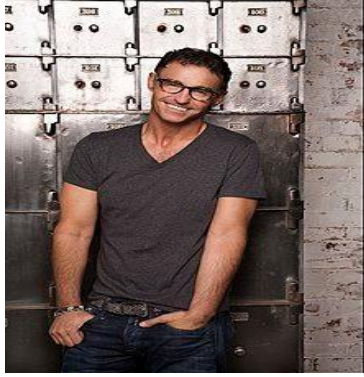
Jacqui McGinley

Integrated Operational Manager

West Dunbartonshire HSCP Addiction Service

West Dunbartonshire
Health & Social Care Partnership

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WEST DUNBARTONSHIRE ALCOHOL AND DRUG RECOVERY SERVICE



West Dunbartonshire
Health & Social Care Partnership

WEST DUNBARTONSHIRE

West Dunbartonshire situated in the West Of Scotland stretches from Clydebank to Dumbarton and the Vale of Leven.

90,000 residents – ranked in the top 10 most-deprived areas (SIMD).

Around 700 people affected by substance use (Opioids) are supported here via core addiction services and GP shared care.

Health & Social Care – **Specialist Harm Reduction Service**
RMN's, RGN's, Addiction Workers, Medical Officers, Social Workers, Healthcare Support Workers, Consultant Psychiatrist, Consultant Psychologist, Cognitive Behavioural Therapist, Advanced Nurse Practitioner & Advanced Pharmacist Prescriber.

BEFORE MAT STANDARDS RECOMMENDATIONS

- Referrals screened 3 times weekly.
- Initial assessment within the 21 day SCOT GOV HEAT TARGET
- Further appointment with a medical officer following the initial assessment appointment – average wait of 21 days for prescribing.

WDAS PROJECT FOCUS

West Dunbartonshire Addiction Service piloted a project on same day medication assisted treatment in Clydebank. The core project team focused on four key improvement areas:

- Better patient engagement
- Improved service access and choice
- Reduced "did not attend" rates (DNAs), and
- Enhanced service experience.

**SAME DAY ACCESS
CHOICE
SUPPORT**

CHALLENGES



NEW WAYS OF WORKING

- Same day pathway mapping & standard operating procedure
- Development of a same day low threshold checklist
- Daily screening of referrals
- Open door policy – DROP IN sessions from planned appointments
- Virtual patient assessments/appointments
- Implementation of personalised holistic care plan on the 1st day of presentation
- Support with transport
- Promotional materials developed in conjunction with lived & lived experience
- Introduction of assertive outreach model – offering out of hours support

IMPROVEMENTS

- Changes made to the service resulted in an 85% reduction in service access delays and a 65% increase in the number of people accessing treatment. Retention in treatment has also improved along with positive feedback on treatment choice and availability
- Buprenorphine – Long Acting Injectable, ranked 2nd highest service nationally in the administration of Buvidal
- Introduction of Harm Reduction Mobile Unit – out of hours, staff by specialist harm reduction practitioners

NEXT STEPS

- Peer/mentor support
- Upscale provision of Buvidal
- Review of current referral pathways with GPs
- Strengthen relationships with recovery community & families



TOP TIPS

- Ensure clinical leadership to support teams to adapt to new ways of working
- Ongoing engagement with people and their families accessing services to enhance therapeutic relationships
- Deploying current team members in creative ways of working while offering support & guidance
- Be brave

HARM REDUCTION MOBILE UNIT

HARM REDUCTION MOBILE UNIT

- BBV TESTING/TREATMENT
- NALOXONE PROVISION
- NEEDLE EXCHANGE
- WOUND CARE
- SEXUAL HEALTH
- SANITARY PRODUCTS
- SAFER INJECTING ADVICE
- OVERDOSE PREVENTION
- ADDICTION REFERRALS



WEDNESDAY NIGHTS

DRUMRY TRAIN STATION AREA	6:00-6:45PM
DALMUIR TRAIN STATION AREA	7:00-8:15PM

THURSDAY NIGHTS

BONHILL (LADYTON SHOPS) CARPARK	5:30-6:15PM
CORDALE HOUSING CARPARK - RENTON	6:30-7:15PM
DUMBARTON JOINT HOSPITAL	7:45-8:45PM

SATURDAYS

DALMUIR TRAIN STATION AREA	11:00-12:30PM
BONHILL (LADYTON SHOPS CAR PARK)	1:00-1:45PM

SCAN ME



CONTACT DETAILS

Jacquelyn McGinley

Integrated Operational Manager

West Dunbartonshire Alcohol & Recovery Service

jacquelyn.mcginley@ggc.scot.nhs.uk



**West Dunbartonshire
Health & Social Care Partnership**

BREAKOUT SESSION: WHAT MATTERS TO YOU?

Questions to consider

- What MAT topics would you like to focus on?
- Who would you like to hear from?
- What learning would you like to be supported with?
- How would you prefer to engage with each other?
- From the previous questions which is the most important to you?

A link to the MIRO board will be posted in the chat.

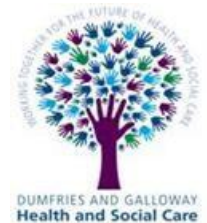
A presentation on how to use the board is coming up next.

SCREEN BREAK



CHOICE: LONG ACTING INJECTABLE BUPRENORPHINE (LAIB) PILOT, NHS DUMFRIES AND GALLOWAY

Mark Blount, Specialist Pharmacist in Substance Misuse
NHS Dumfries & Galloway



DUMFRIES AND GALLOWAY

- 55 SDAS staff in multidisciplinary team
- Rural area of 110 miles wide
- 2 main hubs:
 - Dumfries and Stranraer
- 4 localities:
 - A&E
 - Nithsdale
 - Stewartry
 - Wigtownshire



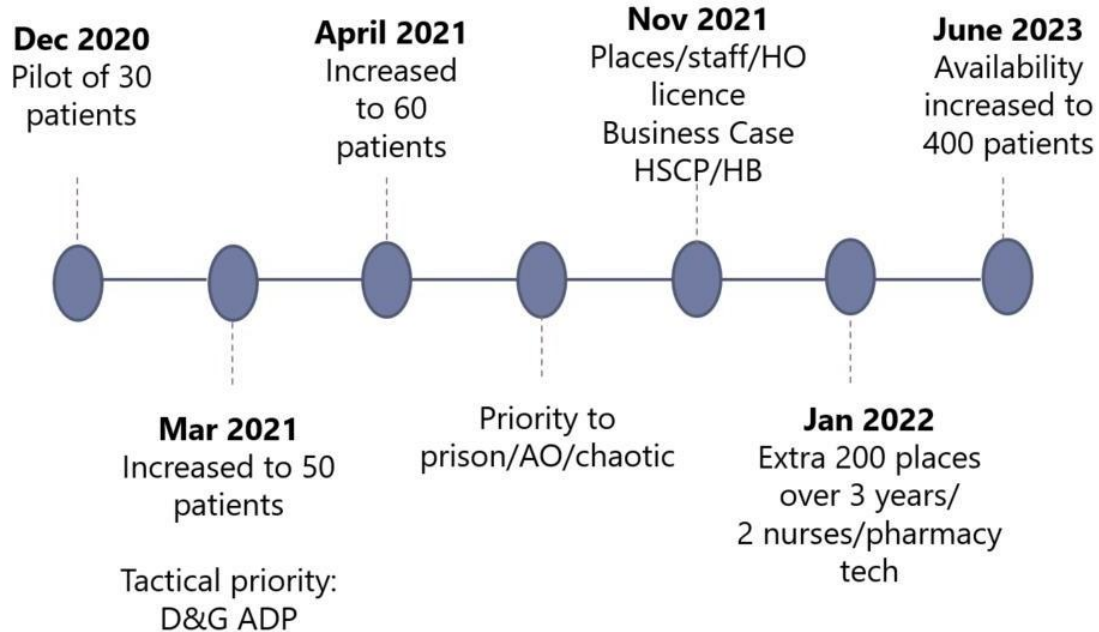
IMPLEMENTING MEDICATION ASSISTED TREATMENT (MAT) STANDARD 2

- **All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose**
- Ensuring we have all tools in our arsenal

How did we go about ensuring this?

- Introduction of Buvidal into prescribing formulary
- Delivering at scale throughout our region
- Importance of Evaluation – LAIB Pilot to integral part of service
- Data – Capture and Learn – Vital to secure funding
- Adapt and Innovate service as numbers grow
- Patient information leaflet on available OST options

FUNDING TIMELINE



MAY 2023

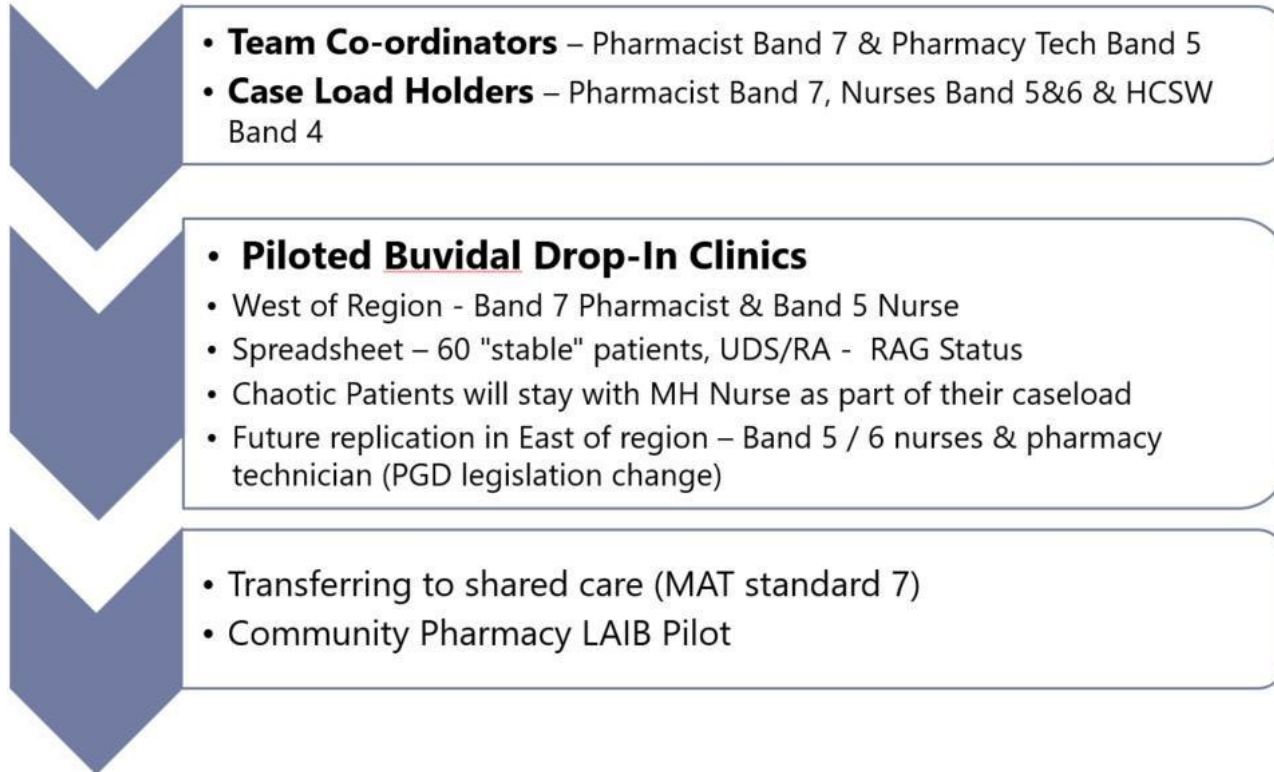
- SDAS – **225** on LAIB and numbers increasing weekly.
 - New Assessments – first line treatment if suitable.
 - MAT Standard 2 – Choice of Treatment
 - 51 - Heroin/ Oral Opiates (Codeine/Oxycodone/DHC)
 - 90 - Transferred from Methadone
 - 153 - Transferred from Oral Buprenorphine
 - 17 – Transferred from another area / prison start

PATIENT STATISTICS

- 84 patients started between 12/2020 and 12/2021
- 155 patients started between 12/2021 and 12/2022
- 72 patients started between Jan 2023 and May 2023
- 216 patients currently prescribed LAIB by SDAS (May 2023)
- 9 patients prescribed LAIB in Shared Care (May 2023)
- Breakdown of OST figures :
 - 237** methadone (**42%**)
 - 108** oral buprenorphine (**19%**)
 - 216** LAIB (**39%**)

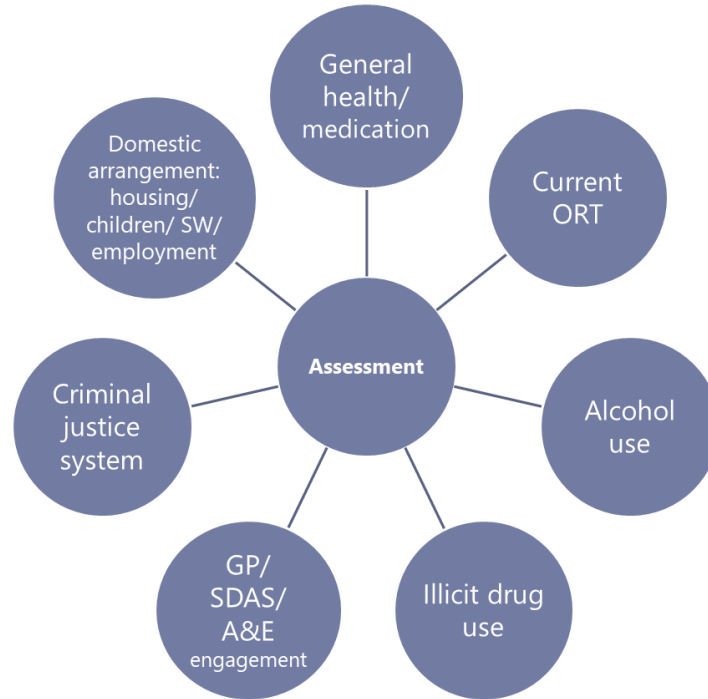
SERVICE DEVELOPMENT

EXPANDING THE NUMBERS: MOVING FROM 30 - 400



ASSESSMENT SPREADSHEET

PROVING VALUE – BUSINESS CASE HSCP/HB



ADP: Alcohol and Drug Partnership, A&E: accident and emergency, GP: general practitioner, HB: Health Board, ORT: opiate replacement therapy, SDAS: Specialist Drug and Alcohol Service, SW: social worker

QUANTITATIVE DATA



- WHOQOL-BREF
- 26 questions, 4 domain scores
 - Physical health
 - Psychological health
 - Social and family relationships
 - Environmental health
- 0-, 3-, 6-, 9- and 12-month scores
- Increase in all domain scores

QUALITATIVE DATA

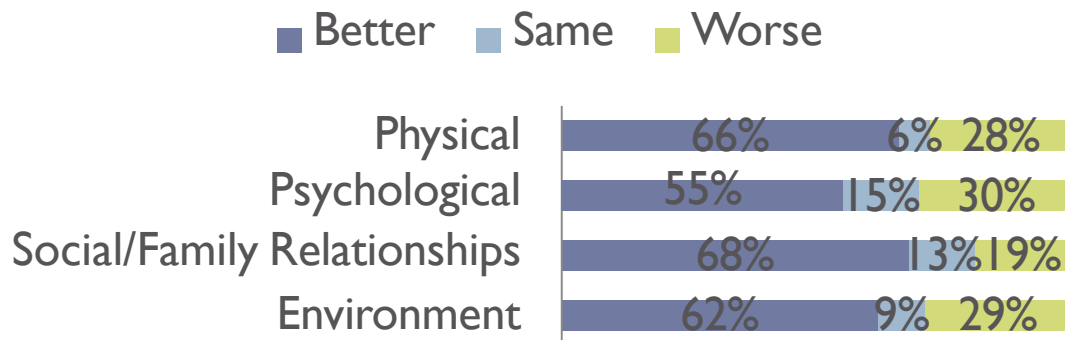
- Start
 - What do you hope changing to LAIB will do? (e.g. employment, avoid pharmacy, more time with family)
- 3/6/9/12 months
 - What difference has LAIB made to you?
 - What has been the largest difference for you since changing to LAIB?
 - Is LAIB treatment meeting your expectations and goals?
 - If not, what had you hoped for from LAIB that hasn't been achieved?



PILOT RESULTS

- Quantitative Data – Subjective
- Sample size – 53 patients

QOL Scores



QUANTITATIVE DATA

- Employment and College engagement – UP



- Accident and Emergency Contact – DOWN



- SDAS missed appointments – DOWN



- GP Contacts – UP



- CJ Contacts - DOWN



QUALITATIVE DATA

- What do you hope the switch will help with?

"Avoid Pharmacy – stigma/drug dealers/contact with other drug user"

"Avoid daily medication – reminder of past"

"Freedom for employment / college"

"Be clean, no more Heroin / Opiates"

"Stability"

"Normality"

"Family"

QUALITATIVE DATA

- What difference has treatment made?

"Got family back"

"No cravings for Heroin"

"Feel normal on waking, more energy"

"Feel stable, not like a drug user"

"Clarity of thought back"

"No stigma/embarrassment in Pharmacy"

QUALITATIVE DATA

- What has been the largest difference?

"More time as not going daily to pharmacy"

"Lifestyle"

"No more feelings of being ashamed"

"Don't think about drugs all the time"

"Opportunity to work"

"More positive person"

"Family trust back"

"Better parent- more energy"

QUALITATIVE DATA

- Is the treatment meeting your expectations?

"Wonder Drug!"

"Miracle Drug!"

"100%"

"Best thing ever invented"

"Better than expected, no cravings at all"

- If not, what has been achieved?

"On high dose of Bup, need 3 weekly injections- need higher dose"

"Mood lower, real clarity of past"

TREATMENT STOPPAGES

- 216 currently on treatment within the service

88 stopped over time

6 deceased – pneumonia/3 nat causes/2 benzos/pregab

25 successful detox

10 moved area

4 rehab

9 shared care

7 MTD - didn't like clarity of thought

15 Oral Bup – tablet addiction/didn't like injection

12 not in service – AO- won't re-engage

CHALLENGES/ SOLUTIONS

- Staff illness/ Staff shortages
 - Covid / Stress/ Recruitment
 - Staff on duty under pressure
 - Inaccurate Peer Info
 - SDAS Suspicious New Strategies
 - and Drugs
- LAIB champions in SDAS team
 - Enthuse team/ Good data rather than Perfect data / Encourage data collection → more spaces
 - Link with Successful Peers
 - SDAS staff education

REFLECTIONS AND LEARNINGS

- Vast majority will have positive outcomes
- It is Buprenorphine, if still determined to use – setting up for a fall. Tablet addiction / adverse injections
- Reduced Pharmacy visits- reduced stigma/dealer interactions
- Anecdotal slight increase in benzo/ cocaine/ alcohol
- Clarity of thought, transition of MTD to BUP tough - psychological input

REFLECTIONS AND LEARNINGS

- Advantages – Same day start: time to peak plasma level – less ppt withdrawal (patient honesty/consequences)
- Flexibility of regimen works - 21 days, 7 day either side
- 3 weekly injections to get steady state then monthly
- Rurality can be problematic – 50 mile round journeys
- Clinics in surrounding towns
- HO Licence – Huge amount of bureaucracy involved
- Cause stock wastage – patient need/variability
- Named Patient Basis – community pharmacy close by to hold stock = quick turnaround

THANK YOU

Any questions?



QUALITY IMPROVEMENT (QI) TOOLBOX TALK: SPREADING IMPROVEMENT

Lindsay Wallace

Senior Improvement Advisor

Improvement & Implementation Support for MAT Standards



SPREADING IMPROVEMENTS

What are you
spreading?

What are your
improvement
ingredients?

What needs to
change for it to
fit elsewhere?

How far do you
want to
spread?

What's your
story?



WHEN TO SPREAD



PLANNING YOUR SPREAD

Organisational Readiness

- Strategic alignment
- Executive sponsor
- Project manager
- Spread team
- Better ideas
- Spread aim

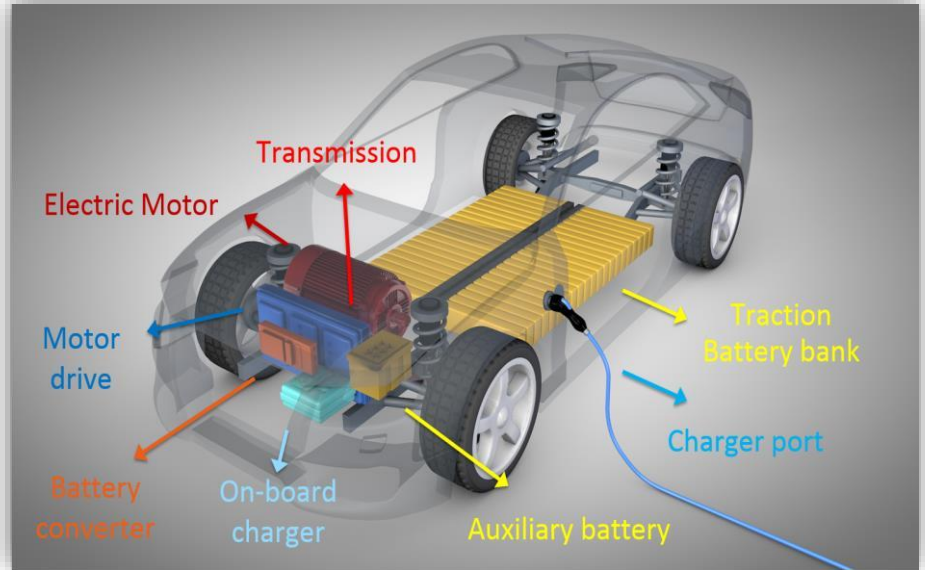
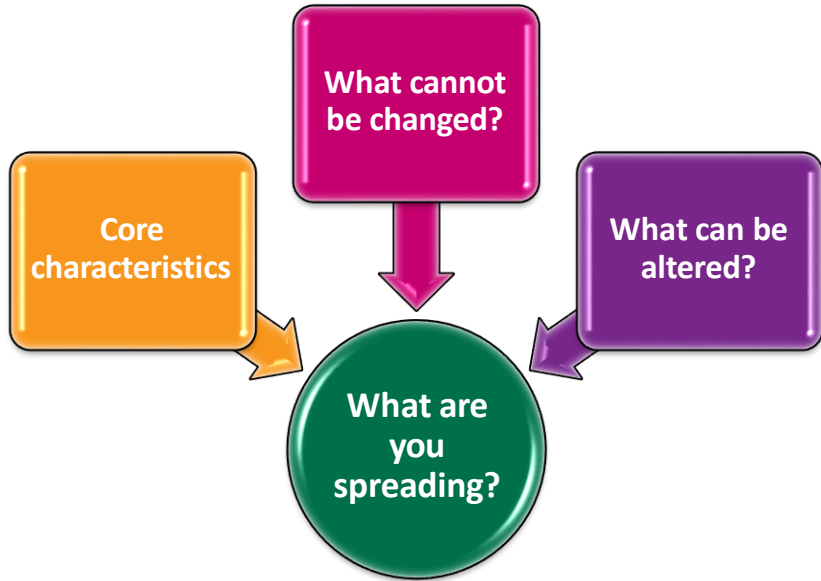
Developing Your Spread Plan

- Organisational structure
- Communication Plan
- Measurement Plan
- Work Plan

Executing & Refining the Plan

- Communication of awareness
- Identification of early adopters
- Knowledge transfer/application
- Maintaining the gains

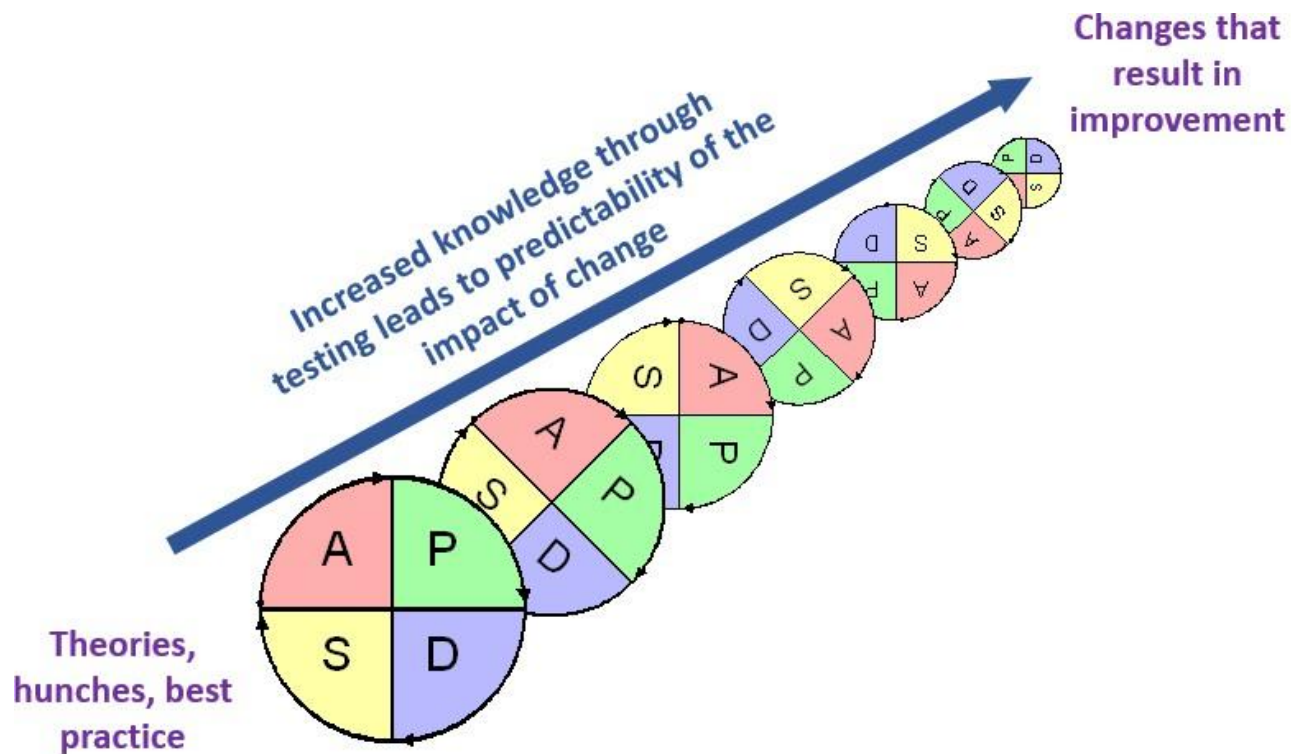
WHAT ARE YOU SPREADING?



WHAT'S YOUR SYSTEM?



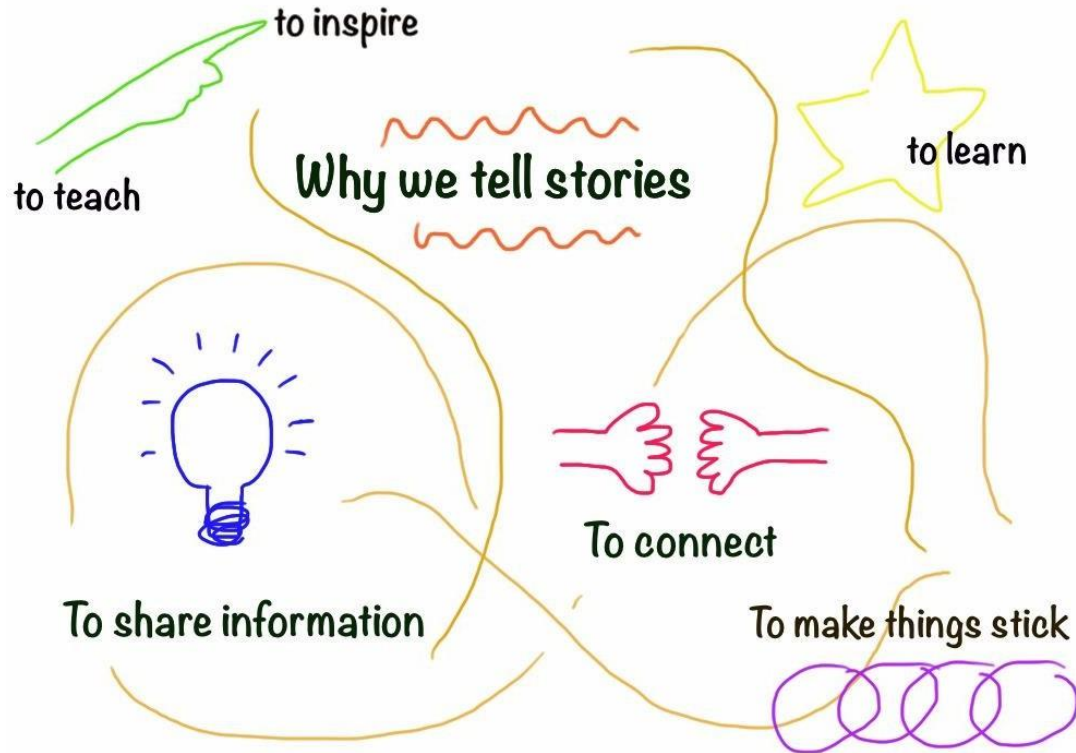
CONTEXT



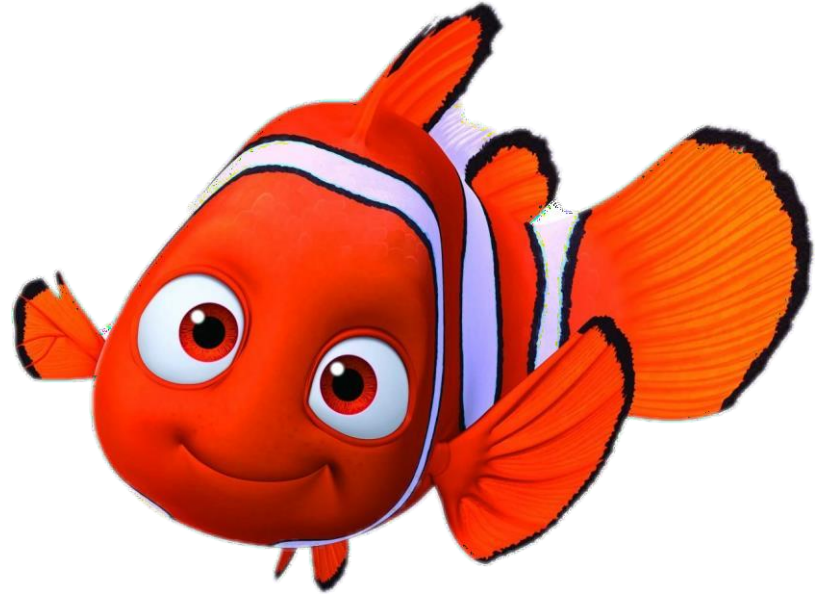
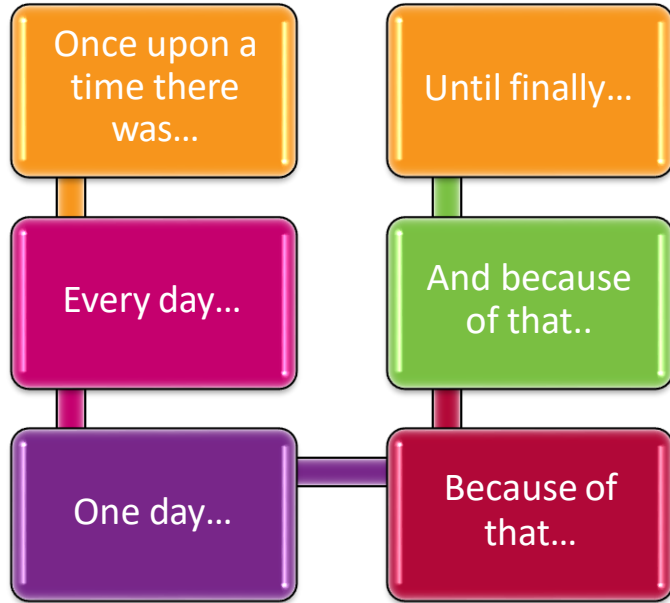
WHAT'S YOUR "SCALABLE UNIT"?



WHAT'S YOUR COMPELLING STORY?



THE PIXAR PITCH



IN SUMMARY

Have a plan

- Identify
- Understand
- Continue to test
- Communicate
- Share your story
- Focus on success



FURTHER RESOURCES

[Readiness for Spread Checklist](#)

Institute for Healthcare Improvement

[Spread Planner](#)

Institute for Healthcare Improvement

[How do you spread quality improvement?](#)

Institute for Healthcare Improvement

[The Quality Improvement Zone](#)

NHS Education Scotland (NES)

[The Spread Challenge](#)

The Health Foundation



MAKING CONNECTIONS



Please take a moment to complete the poll question on your preferred ways of engagement with our work. The link is posted to the chat box.

PARTNERSHIP WORKING BETWEEN NHSFV PSYCHOLOGY AND FORTH VALLEY RECOVERY COMMUNITY

Dr Zoe Stanley

Consultant Clinical Psychologist

Head of Substance Use Psychology

NHS Forth Valley



Mr Scott Ferguson

Senior Recovery Development Worker

Forth Valley Recovery Community



BACKGROUND AND DEVELOPMENT OF PARTNERSHIP

- Existing strong links between the two teams
- Introduction of the MAT standards especially MAT standard 6
- Recognition of the difficulty some patients face in putting learning in to practice – due to anxiety, trauma symptoms, lack of social networks
- Recognition of the value of lived experience and role models



OUR PARTNERSHIP

- We have 2 x 0.3WTE Senior Recovery Development Workers deployed to work with the psychology team (increased from an initial 2 x 0.2WTE) – Scott and James
- Both Scott and James have considerable experience of both CBT and Motivational Interviewing, as well as lived experience of Substance Use and Recovery
- Both have a caseload of 5 patients each, and typically offer 1-2 hours contact per week, plus text or telephone support on occasion



WHAT WE OFFER

- Patients are referred to Psychology – triage/assessment/formulation
- Goals identified and a plan agreed
- Introduction to Scott or James
- Joint plan/steps/strategies
- Reviews
- Supervision/governance

GOALS AND OUTCOMES

- Joint goals – bespoke and patient centred
- May include: graded exposure, behavioural activation, specific trauma focused exposure
- In addition: Access to recovery community resources – building social networks
- Outcomes have included – resolution of trauma symptoms, increased social confidence, reduced anxiety, improved mood, new skills and new friends!



CASE EXAMPLE – PATIENT “MICHAEL” (NAME CHANGED FOR ANONYMITY)

- Long history of alcohol dependence
- Alcohol use began after a trauma – RTA
- Abstinent when referred to Psychology
- Goals around increasing social confidence, managing social anxiety, exposure to local area, managing trauma symptoms.



FUTURE PLANS

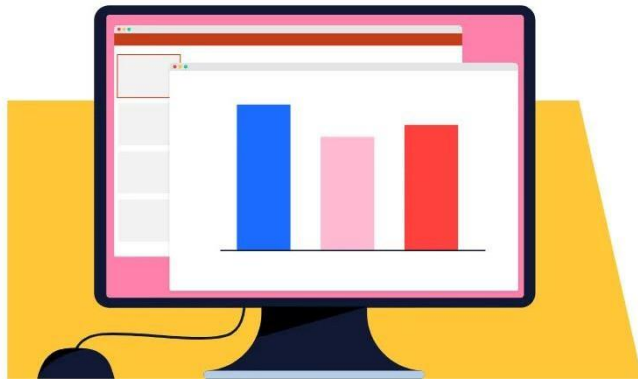
- To build and develop the service
- To implement a trainee model to build resilience
- To identify female recovery development workers to join the team – trauma informed working
- Currently evaluating our patient experience



POLL

Your feedback matters to us.

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



THANK YOU

thank you

- Event summary to follow
- Hold the date for our next webinar: **21 July 2023**