

TREATMENT REDESIGN UPDATE

January 2010

Issue No 3

Welcome to the Birmingham Drug and Alcohol Action Team (BDAAT) Treatment Redesign Update.

This is the third in a series of monthly briefings circulated to Providers, Service Users and other Stakeholders. The aim of the briefing is to provide an update on the Redesign Project, keeping people informed of progress.

The decision to 'redesign services' was taken in response to recommendations from a number of local Needs Assessments and also to enable service provision to be matched to changes in needs at a local as well as a national level. It will also ensure that services are commissioned to World Class Commissioning standards and that any new model will be able to accommodate national priorities such as the introduction of personalised budgets and recovery oriented systems.

FEEDBACK FROM CARERS

As a starting point for looking at Carer feedback we have used the recommendations of a previous BDAAT commissioned Needs Assessment. This raised a number of ongoing issues that have been emphasised in other feedback. These included the need:

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| <ul style="list-style-type: none"> •to market existing carer services •for training for professionals •to develop systems to include carer voice in BDAAT planning •to ensure carer services are part of treatment system | <ul style="list-style-type: none"> •to support growth of peer led self help groups •to develop respite opportunities for carers •for support for young carers •for crisis management •services for hard to reach / BME services |
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FEEDBACK FROM PROVIDER SERVICES

Providers - we held a Consultation event for Service Providers on 18th November 2009 at Gee House. This was well attended and provides valuable feedback and raised many questions for the DAAT team. The basis of these has been used in developing some Frequently Asked Questions which are on our website – www.bdaat.co.uk. We are setting up a further event on **1st March 2010** – please check our website for further details.

Providers were invited to raise issues and solutions as well as queries on Redesign. Questions fell under a number of key areas

- the scope and structure of the redesign project itself
- the decision making process including any future procurement or restructuring processes
- the process of consultation and how it feeds into decision making

We have attempted to provide answers to the questions raised and these are available at the 'Document Finder' on www.bdaat.co.uk.

Total Place

As well as the current drug treatment service, BDAAT is also involved in an initiative called 'Total Place'. This sets out to understand whether and how greater devolvement of funding to a regional level may afford better outcomes at lower overall cost. As part of this we are helping to organise an engagement event for Service Users on 28th Jan 2010 from 10.30-12.30 (lunch included) at The Priory Rooms, Quaker Meeting House, 40 Bull Street, Birmingham B4 6AF.

CONSULTATION TO DATE

General Practitioners with Special Interest (GPSI's)

We met with GPSI's at their regular meeting to get their feedback. They highlighted some of the many positives of our (Birmingham) Shared Care/Primary Care Services as:

- they provide excellent access for those registered with a GP and good cover across the city
- very short waiting times for prescribing
- continuity of care, they are 'set up' to provide long term care in a community /local setting with the local knowledge that brings and set within a multi-skilled primary health team.
- they can provide fast access back into secondary care if necessary.
- flexible access – many surgeries open more flexible hours.

They were keen to see:

- More localisation
- Better links to statutory organisations (in some areas)
- Further development of current model
- Quicker access to localised mental health services/ assessment

Community Pharmacists

A Consultation Event was held at Gee House on 7th December 2009 for a number of community pharmacists. They felt that community pharmacies offered local services with flexible, often 'out of hours' opening hours. They acted as a gateway to other services including: - smoking cessation, sexual health; BBV and as a gateway to drug treatment, particularly for people who were not registered with a GP. And in the provision of supervised consumption they saw the client regularly and felt they had a lot to offer in terms of the treatment support. There are development areas, these included:-

- they felt a closer working relationship with treatment services being able to make use of their expertise, knowledge and access to the client. This would also help where there were issues with the prescription or in using pharmacists but of hours' facilities for collection.
- they were keen to promote the use of the Single Point of Contact (SPoC) for referrals, and to have more information, more training for pharmacy staff and the opportunity to develop additional services such as BBV services, alcohol services and non-medical prescribing.

NEXT SERVICE PROVIDER EVENT

1st March 2010 at Gee House between 2pm-4pm (please confirm attendance at service.redesign@hobtpct.nhs.uk)

1. WHAT DOES IT LOOK LIKE?

NDTMS have been commissioned to provide a series of reports based NDTMS data for 2006/07, 2007/08 and 2008/09. It will allow an analysis of those in treatment to the end of March 2009. All analysis will be 'aggregated' information only to ensure confidentiality.

The 3 reports will give us information on:

- Report 1 – 'What have we got'? This will cover the current tier 3 and 4 treatment system, including analysis of numbers/referrals and transfers.
- Report 2 – 'Who uses it'? This will give us more detailed information about who uses services in terms of age, gender, ethnicity, drug use and other criteria.
- Report 3 – 'Does it work'? This will allow us to analyse 'treatment effectiveness' (retention for 12 weeks and over or successful discharge in less than 12 weeks) by agency and modality and against criteria such as age, gender and ethnicity. It will also give us information on waiting times and harm reduction.

2. WHO USES IT?

The National Drug Treatment Monitoring System (NDTMS) has collected information from agencies providing treatment information from agencies providing treatment for drug misuse since 2004. This is currently undertaken through electronic data transfer of spreadsheets using a web based upload process. The data is submitted monthly by each provider and each data submission can relate to a period of months or years.

There has been growth in the number of people in treatment from 5,912 in 2006/7 to 6,903 in 2008/9. For Birmingham 30 agencies reported structured Drug Treatment during the period, which includes prescribing, interventions, counselling, day care, detoxification and rehabilitation.

The data tells us a number of things including:-

- High referral levels through criminal justice and 'self referrals'
- Good rates of GP referrals in Primary Care Drug treatment, suggesting good links with GP's.
- Clients may often receive different types of treatment from different agencies either at the same time or through onward referral.
- People who are discharged but return to treatment, will often go back to the same agency.

Diversity

We have set up a sub-group to give focussed attention to Equality and Diversity and have conducted an initial Equality Impact Assessment.

3. DOES IT WORK?

Performance is being analysed across various areas. We achieved the challenging target around numbers in effective treatment in 2008/09 and have maintained high levels of retention across the majority of providers. However, despite increased achievement there are still issues with the number of planned and unplanned discharges. This will be considered at an agency/modality level to help us build up a picture of service performance.

4. WHAT DOES IT COST & HOW IS IT PURCHASED?

The Unit costs exercise gave us a lot of information about what different types of services cost regionally and nationally.

This will allow us to work out accurate costing models. It will tie in with developments in contractual/SLA arrangements and ensure we are getting best Value for Money.

5. WHAT DO CUSTOMERS THINK?

Service Users - Birmingham Drugs Forum (supported by DATUS) held a Service User Consultation event on 8th December 2009 to get feedback on current service provision focusing mainly around

- 1) Does treatment work? If so, how?
- 2) What are the barriers to treatment?
- 3) What made you seek treatment?
- 4) What do you think about the Initial Assessment?

Issues around waiting times were among those raised along with 'stigma' as major barriers to going into treatment.

We are continuing to receive further information from further forum discussion. The Drugs Forum has established a steering group to lead on this work, and is doing further work to increase their level of input into the consultation process. It is also planned to have a number of focus groups across Birmingham.

Service User (SU) Leads - many of the SU Leads in treatment services are taking forward the consultation in their local group's including BSMHFT, as well as providing feedback from work already carried out e.g. satisfaction/exit surveys and Swanswell's HIDDUN survey. SU Leads are keen to work together and with BDAAT staff to understand the service redesign.

6. WHAT DO STAKEHOLDERS THINK?

Local Delivery Groups (LDG's) – to date we have attended 7 of the 10 LDG's in Birmingham and updated them of the Treatment Redesign process and listened to their feedback. All of the LDG's have been enthusiastic about being involved in the processes and are feeding back information which enables us to build a 'local' picture about the issues that are facing local communities. Some of these issues include:

- the incidence of drug misuse and the impact that this has on local crime
- what services are available locally and what information and support is available to LDG's and other community organisations
- concerns about gang related violence.

Additionally LDG's have access to local data and information that can be used to 'validate' centrally produced information and this will be part of the consultation process.

To date we have visited Edgbaston, Ladywood, Northfield, Perry Barr, Selly Oak, Yardley and Sutton Coldfield LDG's. We will be visiting Hodge Hill, Hall Green and Erdington LDG's over the coming weeks.