

Implementing Medication Assisted Treatment (MAT) in North Ayrshire Drug and Alcohol Recovery Service (NADARS)

Annual summary report

Reporting Period: 1st April 2022 to 31 March 2023

Quality issue

In 2021, there were 1,330 drug related deaths registered in Scotland, 1% (9 deaths) fewer than 2020, although this is the first time since 2013 the annual figure has not increased, it is still the second highest number recorded since records began in 1996. Ayrshire and Arran continues to have the second highest death rate at 28.1 per 100,000 population. Evidence suggests quick access to treatment is crucial and being in treatment can be a protective factor for majority of individuals. The Scottish Drug Deaths Taskforce (SDDTF) has prioritised the introduction of the MAT standards to help reduce the number of drug related deaths. There is evidence that rapid access to MAT meets the needs of highly vulnerable groups and reduces mortality.

Aim

To have no barriers to accessing treatment and care that supports an individual's recovery. This project focussed specifically on improving access to appropriate Medication Assisted Treatment (MAT) in order to prevent deaths, reduce harms and promote recovery opportunities.

Tests of change:

Cycle 1: Implement and Test the MAT clinic pathway on a Monday and a Thursday in one locality (Three Towns).

Cycle 2: Secure funding to recruit staff to support the implementation of the full model.

Cycle 3: Refine project charter to facilitate full model

Cycle 4: Expand service to 5 days per week across all of North Ayrshire (complete and now working towards sustaining full model)

Effects of change

- Improvement in the waiting time from point of referral to commencement of appropriate Opiate Substitution Therapy medication - average time from referral to prescribed medication reduced from 21 days to 5 days.
- Improvement in satisfaction and experience of clients.
- All individuals received a mental health assessment and support as required.
- All individuals were offered Blood Borne Virus (BBV) testing, Harm Reduction interventions, physical health assessment and referred on for further support where required.
- All individuals had the opportunity to access Recovery Development Worker's with lived experience to provide person centred recovery support.
- All individuals had the opportunity of family involvement.
- All individuals were offered housing, advocacy support and were referred for social care support where appropriate.
- There were no unplanned discharges within the reporting period.
- 106 (28%) of referrals were female, 270 (72%) were male.

Age group	Female	Male
0 to 24 years	9	5
25 to 34 years	27	76
35 to 44 years	46	105
45 to 54 years	23	67
55 years and over	1	17

- 72% of individuals commenced Medication Assisted Treatment on the same day or next day from assessment
- 326 clients chose this pathway of support. Reasons for not commencing the pathway were:
 - client changed their mind
 - client went to prison
 - not ready to commence MAT but continued to receive support from the wider service

Harm reduction

- 100% of clients were offered Naloxone, 77% of clients were supplied with Naloxone or already had a kit. The remaining 23% declined.
- 100% of clients were offered Mental Health Support and harm reduction interventions including BBV testing, IEP and Sexual Health
- 97 individuals commenced on Espranor following assessment, 210 individuals were commenced on methadone and 19 individuals were commenced on Buprenorphine.

Client Experience

- 79% of clients rated their initial assessment either “excellent” or “very good”.
- 79% of clients rated the communication from NADARS either “excellent” or “very good”.
- 95% of clients who were able to commence their medication at their initial appointment stated that there were no delays in getting their prescription.
- 89% of clients felt that they were given sufficient information to make an informed choice on their treatment options.
- 95% of clients felt that the NADARS worker explained all the care and treatment options in a way that they understood.
- 79% of clients rated the overall service “excellent” or “very good”.

Developments during 2022/23

- An Improvement Implementation Plan, approved by Chief Executives, was implemented, evaluated & updated with regular Progress Reports submitted to the Scottish Government.
- Quarterly Updates on MAT developments were submitted to the national MAT support Team – MIST.
- An explicit delivery plan was put in place for delivering trauma informed practice.
- LOPs, SOPs, guidelines and clinical & care pathways of support were put in place.
- MAT availability was increased at Caley court to 3 days per week & ‘drop in’ access - and ultimately expanded to 5 days a week with extended hours.
- Locations identified across NA Localities for MAT access closer to home – ultimately MAT is now available across all 6 NA Localities with immediate support available to all from Caley Court alongside remote (low threshold) access in rural areas across North Ayrshire.

- National and local ADP funding was secured for additional staff, which includes:
 - Consultant Psychiatry sessions
 - Additional prescribing capacity
 - Addiction Workers
 - Nursing staff
 - Support Workers
 - Recovery Development Workers (lived experience)

Priorities for 2023/24 include MAT 7 – Primary Care (GP & Pharmacy) involvement. Vision, model & process agreed. Local Enhanced Service to be offered to GPs. In addition MAT availability to be expanded to include Prison and Police Custody.

Information and feedback

- 376 referrals were received between 1st April 2022 and 31st March 2023
- 326 individuals commenced MAT support (the others declined service, required additional preparatory support or disengaged with service)
- 72% of clients commenced MAT on same day or next day from assessment (where clinically appropriate and safe)
- 85% of clients commenced MAT within 1 week.
- Reason for timescales of over 7 days include – client choice, initial non-attendance with follow up contact put in place or additional preparatory time required.
- Detailed numerical data on referrals, timescales interventions etc was submitted to the Medication Assisted Treatment Implementation Support Team (MIST) in April 2023, which is now being analysed to identify good practice and learning.

Experiential feedback

Service user and staff feedback was gathered and submitted to the MIST (the number of responses during this initial phase was limited, however, the information will be reviewed and analysed to identify further learning and improvements).

Individuals with lived experience were trained and supported to facilitate a very detailed questionnaire with staff, service users and family. This process is currently being reviewed by the ADP Lead Officer and nationally to see if it can be streamlined and be more user friendly.

Wider service user feedback was gathered by the NADARS and included positive comments about the ease of access, increased choice of medications and overall support.

“Quicker access to Espranor prescription has really helped me get back on the right path.”

“Accessing support faster than before.”

“Advice and information about options for my treatment and recovery.”

“Given more of a say in my treatment.”

“I was given a lot of appropriate information that was explained well, this helped me focus and get myself back on track.”

Medication Assisted Treatment Implementation Support Team (MIST)

Benchmarking 2023 - scoring tracker

The following RAGB (Red, Amber, Green, Blue) scoring system is used for benchmarking:

Red: There is no or limited evidence of implementation of the standard

Provisional Amber: This is applied where one or more of the evidence streams is lacking, where the scale of any activity is still very small, and where there is no or minimal evidence of patient benefit, BUT, where clinical intelligence indicates that work is started and set up to continue. This is most likely to occur where an ADP has only a small and early test of change in place, or an SOP but as yet no or minimal evidence of patient benefit.

Amber: There is evidence of partial implementation of the standard

Provisional Green: This is applied where one evidence stream is lacking and it is not possible to demonstrate patient benefit across an ADP area, but clinical and local intelligence and the other 2 evidence streams indicate that work is set up and delivering across an ADP area.

Green: There is evidence of full implementation of the standard across the ADP area.

Green requires process, numerical and experiential evidence that the standard is equitably implemented and that there is patient benefit across the ADP area.

Blue: There is evidence of sustained implementation and ongoing monitoring of the standard across all MAT areas.

Alcohol and Drug Partnership	MAT Standard	Predicted RAGB	Final RAGB as of 15 May 2023
North Ayrshire	MAT 1	Provisional Green	Provisional Green
North Ayrshire	MAT 2	Provisional Green	Provisional Green
North Ayrshire	MAT 3	Provisional Green	Provisional Green
North Ayrshire	MAT 4	Provisional Green	Provisional Green
North Ayrshire	MAT 5	Provisional Green	Provisional Green
North Ayrshire	MAT 6	Provisional Amber	Provisional Amber
North Ayrshire	MAT 7	Provisional Amber	Amber
North Ayrshire	MAT 8	Provisional Amber	Amber
North Ayrshire	MAT 9	Provisional Amber	Provisional Amber
North Ayrshire	MAT 10	Provisional Amber	Provisional Amber