REPORT TO CLINICAL COMMISSIONING GROUP

Title of Document: Substance Misuse Clinical Reference Group (SMCRG) Project Update

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1.1 Purpose

This paper provides information to Wandsworth Clinical Commissioning Group Board members regarding the progress in implementation of the Substance Misuse Clinical Reference Group (SMCRG) that was launched in January 2012. The group is multidisciplinary with representation from service users and representatives, carers and representatives, social workers, GPs providing enhanced services, public health, IDAS, commissioning, community pharmacists and St Georges’ Hospital alcohol liaison nurses. There are key links with virology, hepatology, mental health, medicines management and the Joint Commissioning Group.

Since its launch the SMCRG has progressed work to implement the Drugs and Alcohol Tiered Commissioning Model and have focused upon improving quality of care and pathways, to ensure that local delivery is in accordance with National Institute of Clinical Excellence guidance (see appendix).

As a secondary theme this paper also introduces the Action Plan developed by SMCRG and reports upon progress to date.

1.2 Background

Drug and alcohol misuse is a major public health issue that places a huge demand on public resources.

Drug addiction is a complex but treatable condition. Those affected use drugs compulsively, damaging themselves and those around them. Drug addiction goes hand in hand with poor health, unemployment, homelessness, family breakdown and offending. The impact on carers is huge and, along with the implications of “hidden harm” to children of those who misuse both drugs and alcohol, the overall cost of drug addiction to society is enormous. Every year it costs society £15.4 billion. The annual cost of drug-related crime is £13.9 billion. Every year the cost of drug misuse to the NHS is £488 million. Every £1 spent on drug treatment saves £2.50 in costs to society (National Treatment Agency 2012).

According to Office of National Statistics data alcohol causes 35,000 deaths a year in the UK. Alcohol misuse is associated with chronic ill health, many accidents, fights, driving offences, unprotected sex, domestic violence, falls, work absenteeism and family breakdown. The incidence of early death from preventable liver disease is increasing due to
heavy alcohol consumption. Costs to the National Health Service (UK) are £2.7 billion pounds per year and the cost to employers is £6.4 billion pounds per year. These figures do not include the crime and social problems associated with alcohol misuse.

In 2011 in the borough of Wandsworth there were 200 benefit claimants due to alcoholism. In 2011/12 the estimated cost of alcohol related hospital admissions in the borough was £24.8 million, the 4th highest of all the London boroughs. There were an estimated 2576 alcohol attributable crimes, 1513 of these were violent crimes and 43 were sexual crimes (Local Alcohol profile data 2012).

In Wandsworth it is estimated that there are 1,688 opiate and crack misusers. (Glasgow estimate 2012)

There is a strong link between substance misuse and deprivation, with the most deprived wards of Roehampton, Latchmere and Tooting having the highest levels of drug misusing individuals accessing services. (DAAT Health Needs Assessment 2012)

In 2011/12 1072 people accessed local drug and alcohol services - 751 were male and 321 were female. 809 were opiate and crack misusers, and 778 accessed treatment for alcohol use disorders.

During the same period, with regards to structured treatment within primary care, (substitute prescribing and detoxification) 109 people accessed treatment for drug misuse and 175 people accessed the Fresh Start alcohol detoxification clinics. 72% of those accessing services were male and 59% were of white British origin. The most common age groups for those accessing treatment was between 30 to 49 years of age.

1.3 Responsibility for commissioning and quality

With the exception of some alcohol funds provided by the CCG, funding for drug and alcohol services now lies with public health under the Local Authority. The drug and alcohol commissioning team is responsible for managing this budget and responding to local need in response to local statistical knowledge. This commissioning team is based within the Joint Commissioning Unit (JCU) alongside other local authority and CCG commissioners of health and social care.

The work of the commissioning team is overseen by the Joint Commissioning Group, which brings together the Council, the CCG and other stakeholders including the Police, the Probation Service, Wandsworth Prison and Public Health England to monitor progress and performance and to agree development policies.

The Clinical Reference Group serves to advise on clinical matters at every level with a particular focus on quality monitoring which is discussed at every CRG meeting and there is close communication with the Commissioning Manager on any matters of concern. Service user and carer feedback is critical to this process. The aim is to shape and inform services.
The Clinical Reference Group may apply to the Joint Commissioning Group or the CCG for funding for projects outside or within existing services.

1.4 Service Delivery and Uptake

The major drug and alcohol contract in the borough is for the Integrated Drug and Alcohol Services (IDAS); it is delivered by KCA (a social enterprise specialising in substance misuse with some services sub-contracted to another specialist social enterprise, Blenheim CDP). This service was commissioned in 2011 for a period of 3 years following a major retendering process. Clients can self refer or be referred by professionals to IDAS. They may receive treatment within primary care or through specialised treatment centres, as out-patients or in hospital. Within primary care there now lie three specialised community alcohol detoxification clinics called Fresh Start. These have been popular with clients and very successful. The CRG has supported the introduction of the third site so that there is now one in each locality of the Borough.

In 2012/13 the CCG commenced a Quality Innovation, Prevention and Productivity programme around alcohol misuse. This is being continued, in partnership between the Council and the CCG in 2013/14. It aims to increase access to alcohol treatment services, with a particular focus on engaging people who have attended hospital for conditions related to alcohol misuse. The aim of the programme is to reduce alcohol-related admissions by 900 over 2 years.

According to data collated by Public Health England via the National Drug Treatment Monitoring System the number of service users accessing drug treatment significantly reduced in the period before IDAS was commissioned and the downward trend has continued.

This is being addressed by the Commissioning Manager for drugs and alcohol who has been monitoring performance on a weekly basis to ensure that IDAS is appropriately responding to the needs of the Wandsworth population. The CRG has worked closely to inform and support this process by providing service user and multidisciplinary feedback and input for the Commissioning Manager. The CRG has also made a concerted effort to increase client engagement by focussing on broad based promotion of the service at every level including hospital, pharmacy and general practices; representatives from the CRG have been into the locality commissioning groups to spread local knowledge of services to GPs across the borough and IDAS has also made plans to advertise their services more widely across primary care, by nurses visiting practices and poster campaigns.

The CRG notes that anecdotal evidence points to changing trends in drug misuse in the borough with higher levels of stimulant use, club drugs and “legal highs” being reported. There is therefore a need to review service delivery in accordance with the needs of this client group and to consider links with sexual health and HIV services, urology services and
support for Lesbian Gay Bisexual Transsexual service users. The CRG is keen to secure funding for clients with club drug dependence who currently attend a specialised clinic at Chelsea and Westminster.

1.5 Progress to Date

Action Plan
The action plan for the CRG is now well developed with a broad range of deliverables and multiagency engagement (see appendix).

Tiered Commissioning Model
This is now developed to support the commissioning process (see appendix).

Treatment Provision
The Substance Misuse CRG continues to develop with good attendance and communication from stakeholders throughout the service. Information collected at the CRG serves to shape alcohol and drug services across the Borough.

Communication with Service User and Carer Representatives and Coordinators
The well developed Wandsworth Service Users Forum provides a wealth of information and feedback about clients’ experience of services to the CRG. Carer input is also critical and the CRG is working on ways to further utilise feedback from these valuable sources.

Communication with GPs
This has been good across the borough via attendance at locality commissioning groups where IDAS and locality leads have explained and promoted the service. The CRG has been involved with the design of the “Planning All Care Together” LES to ensure that alcohol screening questions are included in assessments. QP11 codes are now operational and will assist to inform pathway development around alcohol misuse.

Working closely with public health
The CRG works with public health on all areas related to substance misuse and alcohol to ensure a joined up approach that best addresses the needs of the local population.

St Georges Hospital
Alcohol Commissioning for Quality and Innovation (CQuIn) programme is operational and provides a quality and commissioning framework to support pathway development for alcohol locally within the acute sector. Discussions with the alcohol liaison nurses at St Georges have informed work to improve communication between hospital and primary care and to further promote existing services for example in casualty.
Communication with partner members of the CRG
Following concerns expressed by service users and clinicians about mental health provision:
There has been specific progress with new lines of communication made with mental health and psychological services to improve access, pathways, services and training in dual diagnosis. A planned stakeholder event linking mental health to alcohol has now taken place to further improve these links.

Developing new services
- Benzodiazepine pilot: Benzodiazepine dependence alone is not provided by IDAS and is a common problem especially in some practices within the most deprived parts of the borough. The CRG has responded by designing a pilot to provide a dedicated service for this with the aim that it is later rolled out to include clients with addiction to prescription only medications. Funding for the development of this service has been agreed by the Joint Commissioning Group and the Council is leading on its procurement.

- Hepatitis B and C outreach treatment clinic: The hepatologists spoke at the the CRG about their concerns about poor levels of uptake for hepatitis C treatment. The CRG has responded by proposing an outreach clinic is set up at St Johns Hill, close to IDAS for easier access and better promotion of the service for drug users.

Training
Training across primary care has been implemented to increase awareness of alcohol screening in new patient checks and brief intervention strategies.

Drug death reviews
The initiation of drug death review has now been commenced along with a planned process for clinical quality review and systematic reporting of serious incidents and safeguarding issues to the CRG – there have been 5 drug related deaths in the borough over the past year; according to data from the National Programme for Substance Abuse Deaths the expected level for the borough would be expected to be 4.4 over the year. These deaths have undergone root cause analysis and the Public Health Lead for Substance Misuse now attends the CCG Serious Incident Review Group committee on a regular basis to report on this.

2. Addressing Concerns
Clinical services provided by IDAS require continued and sustained improvement. IDAS is closely performance managed by the Commissioning Manager from the JCG, with the support of the CRG. This includes weekly performance monitoring meetings with the provider and a clearly defined performance improvement plan with specific and measurable actions. There is a Serious Untoward Incident (SUI) protocol in place: The provider is required to notify Public Health and the Commissioning Manager of any SUI within 24
hours, following which there is an internal investigation with subsequent action plan which has to be produced within 21 days of the SUI. Public Health lead on carrying out root cause analysis in partnership with commissioning colleagues and this is routinely communicated back to the CRG.

3. Next steps

Further development of the CRG: The CRG is working with management consultants to review the group with an emphasis on core members, service user and carer representation, shared values, aims and objectives and future planning. The CRG is represented on the JCG by the CRG Chair and the relationship between these groups is still undergoing progression.

Improving uptake: Vigorous and widespread marketing of local services is planned along with an exploration of the use of computer and telephone apps to support treatment for alcohol misuse and possibly drug dependence.

Emphasis on recovery: Increasing options to support recovery are being explored.

4. Recommendations

The WCCG Board is asked to:

1. Note the approach to implementation of progress made in 2012-13 and that the now established Substance Misuse CRG continues to develop with good attendance and communication from stakeholders.

2. Note the proposed development of the outreach Hepatitis B and C treatment clinic at St Johns Therapy Centre with the anticipation that this will improve attrition levels to treatment.

3. Note the development of the new benzodiazepine nurse posts pilot scheme, which is currently in the procurement phase at the local authority. This will lead to developments locally in the management of addiction to prescription-only medicines.

4. Note the new arrangements in place for reviewing clinical quality, serious incidents and drug related death.

Appendix

The National Institute of Clinical Excellence has produced guidance on the following:
Alcohol use disorders: management of alcohol dependence
Alcohol dependence and harmful alcohol use
Alcohol use disorders in adults and young people: prevention & early identification
Alcohol use disorders in adults and young people: clinical management
Drug use disorders
Optimal provision of needle and syringe programmes (NSPs) among injecting drug users
Drug Misuse: opioid detoxification
Guidance on use of Naltrexone, Methadone and Buprenorphine
Psychosocial interventions
Pregnancy and complex social factors
Interventions to reduce substance misuse amongst vulnerable young people
Psychosis with co-existing substance misuse

**Tiered Commissioning Model**

**Action Plan 2013 – 14**

**Substance Misuse Clinical Reference Group Terms of Reference**