**MAT STANDARDS IMPLEMENTATION PLAN**

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

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| (*Integration Authority Area)*  Renfrewshire |

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

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| Name | Position/Job Title |
| Donna Reid | ADP Co-ordinator |

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

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| *(Summary of governance arrangements for local oversight)*  Full implementation of the MAT Standards will be monitored by the Renfrewshire MAT Implementation Group and accountable to Renfrewshire ADP. Performance will be reported on a quarterly basis. The Recovery Forum will also provide an oversight of the implementation process to ensure we capture lived and living experience. A member of the Lived Experience Form (LEF) (currently being established) will be invited to attend the Renfrewshire MAT Implementation Group. When recruited, the MAT Champion will attend the LEF, as required. Leaflets will be produced via the GGC Person Centred Group to improve communication with individuals with lived and living experience. Peer researchers will continue to raise awareness during the Experiential Data Collection process that will be used to inform the MAT Implementation Plan.  Representatives from the Renfrewshire MAT Implementation Group will also attend the newly formed Greater Glasgow and Clyde wide MAT Implementation Group to ensure consistency and share good practice across the area.  **Workforce**  **How many additional staff is/was your ADP seeking to recruit to support the implementation of MAT Standards?** We are aiming to recruit 7 additional members of staff. Details of staff detailed below:-  Pharmacy Independent Prescriber (PIP) (Band 8A), MAT Champion (Band 7), Information Analyst (Band 6)  MAT Rapid Response Team (4 members of staff)  **How many additional staff have you been able to recruit?** As of October 2022 we have recruited one member of staff – Band 6 Senior Information Analyst. An update has been detailed below regarding the remainder of the posts:-  PIP – interviews are scheduled for 19th December 2022  MAT Champion – recruitment underway  Senior Information Analyst – in post  MAT Rapid Response Team – awaiting financial approval |

This Plan has been signed off on behalf of the delivery partners by:

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| Name | Position | Delivery Partner | Date signed |
| Christine Laverty | Chief Officer | Renfrewshire HSCP | 26th September 2022 |
| Jane Grant | Chief Executive | NHS Greater Glasgow & Clyde | A pair of glasses  Description automatically generated with medium confidence  28th September 2022 |
| Alan Russell | Chief Executive | Renfrewshire Council | 18th November 2022 |

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| **MAT Standard 1** | **All people accessing services have the option to start MAT from the same day of presentation.** | This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help. | |
| April 2022 RAG status: Amber |
| **Actions/deliverables to implement standard 1** | | | **Timescales to complete** |
| GGC ORT Guidelines – New Patient SOP for Renfrewshire to be reviewed as a matter of urgency to ensure no barriers to accessing MAT | | | **December 2022** |
| Development and implementation of the Enhanced Access Team/MAT Rapid Response Team | | | **February 2023** |
| Liaise with Children’s Services to ensure no barrier access to MAT 1 | | | **September 2022** |
| Recruitment of a Pharmacy Independent Prescriber | | | **December 2022** |
| Consider alternative prescribing models i.e. NMP/ANPs | | | **October 2022** |
| Choice of treatment – upscale the provision of Buvidal for same day prescribing (where safe to do so) | | | **December 2022** |
| Develop Introductory Pack for Service Users including an advocacy leaflet, choice of treatment, recovery options and contact with lived experience | | | **December 2022** |
| Consider developing a ‘drop-in’ service at alternative locations (dependent on the availability of accommodation) | | | **February 2023** |
| Develop HaRRT (out of hours) and flexibility of service provision including 12 noon – 8 pm including weekends | | | **December 2022** |

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| **MAT Standard 2** | **All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.** | People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly. | |
| April 2022 RAG status: Red |
| **Actions/deliverables to implement standard 2** | | | **Timescales to complete** |
| Review the New Patient SOP. | | | **October 2022** |
| Explore the possibility of applying for a Controlled Drug Licence for the storage of Buvidal (dependent accommodation) | | | **February 2023** |
| Identify relevant peer workers to undertake training to capture experiential evidence | | | **July 2022** |
| Update Renfrewshire Buvidal SOP | | | **October 2022** |
| Development and implementation of the Enhanced Access Team/MAT Rapid Response Team | | | **February 2023** |

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| **MAT Standard 3** | **All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.** | If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT. | |
| April 2022 RAG status |
| **Actions/deliverables to implement standard 3** | | | **Timescales to complete** |
| Recruit an ADP Information Analyst to establish numerical data collection | | | **December 2022** |
| Development and implementation of the Enhanced Access Team/MAT Rapid Response Team | | | **February 2023** |
| Formalise pathway to ensure high risk individuals are engaged in relevant services (Enhanced Access Team). This will include developing a clear reporting framework (numerical & experiential). | | | **February 2023** |
| Recruit a Pharmacy Independent Prescriber to ensure flexibility in the system and alleviate pressure on the Service. | | | **December 2022** |

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| **MAT Standard 4** | **All people are offered evidence-based harm reduction at the point of MAT delivery.** | While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.  They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription. | |
| April 2022 RAG status |
| **Actions/deliverables to implement standard 4** | | | **Timescales to complete** |
| Continue to provide assertive outreach provision via HaRRT | | | **April 2023** |
| Consider the findings of the evaluation of the Overdose Response Team, when completed, to agree a new model of service delivery (if appropriate) | | | **December 2022** |
| Consider the findings of the Test of Change - Specialist Alcohol Outreach Nurses and incorporate positive elements (including drugs) within the Enhanced Access Team | | | **September 2022** |
| Continue with the process for accessing IEP & harm reduction advice at every relevant opportunity. | | | **April 2023** |
| Continue with opt out approach in relation to BBV testing | | | **April 2023** |
| Continue with opt out approach in relation Naloxone | | | **April 2023** |
| Continue with training staff in assessing injection related wounds and complications | | | **April 2023** |
| Continue training with staff with the provision of IEP | | | **April 2023** |
| Full implementation of gender sensitive injecting assessments | | | **February 2023** |
| Continue to adhere the current information sharing protocols (Information Sharing Protocol - Public Protection and Community Safety) | | | **April 2023** |

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| **MAT Standard 5** | **All people will receive support to remain in treatment for as long as requested.** | A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.  Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them. | |
| April 2022 RAG status |
| **Actions/deliverables to implement standard 5** | | | **Timescales to complete** |
| Recruit information analyst to provide evidence to support the current pathways in place that are appropriate, flexible to support people to remain in treatment for as long as required | | | **December 2022** |
| Continue to adhere to current discharge protocol | | | **April 2023** |
| Continue with the RAG status | | | **April 2023** |
| Current shared care contract is under review and will inform future pathways | | | **February 2023** |
| Agree contractual arrangements with third sector providers of abstinence based residential rehab placements and explore further opportunities | | | **September 2022** |
| Strengthen Lived Experience Forum | | | **October 2022** |

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| **MAT Standard 6** | **The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.** | This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication. | |
| April 2022 RAG status |
| **Actions/deliverables to implement standard 6** | | | **Timescales to complete** |
| Implement matched stepped care model that is widely recognised as the optimal model of delivery of psychological therapies. | | | **April 2023** |
| All staff included regardless of grade and discipline to complete the National Trauma Training Programme modules 1-3 via Turas | | | **April 2023** |
| ADRS staff to complete the trauma enhanced level - safety and stabilisation training | | | **April 2023** |
| Recruit a CBT Therapist to deliver high intensity psychological therapies and deliver relevant staff training i.e. core skills and co-facilitate reflective practice | | | **April 2023** |
| Continue to provide highly specialist psychological therapies via addiction psychology | | | **April 2023** |

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| **MAT Standard 7** | **All people have the option of MAT shared with Primary Care.** | People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service. | |
| April 2022 RAG status |
| **Actions/deliverables to implement standard 7** | | | **Timescales to complete** |
| The review of GGC Local Enhanced Shared Care Contract will inform future model of delivery | | | **April 2023** |
| Locally, we will continue to ensure safe transfer of care and option of support via shared care | | | **April 2023** |

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| **MAT Standard 8** | **All people have access to independent advocacy and support for housing, welfare and income needs.** | People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly. | |
| April 2022 RAG status |
| **Actions/deliverables to implement standard 8** | | | **Timescales to complete** |
| Continue to promote First Advocacy Service | | | **April 2023** |
| Ensure First Advocacy information is provided at all points of service delivery | | | **April 2023** |
| Ensure First Advocacy advice is recorded in all relevant electronic recording systems | | | **April 2023** |

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| **MAT Standard 9** | **All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.** | People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care. | |
| April 2022 RAG status |
| **Actions/deliverables to implement standard 9** | | | **Timescales to complete** |
| Continue to adhere to the Mental Health and Addiction Interface Policy | | | **April 2023** |
| Continue to offer mental health assessments at all points of service delivery | | | **April 2023** |
| Continue to discuss high risk cases at multi-disciplinary team discussions | | | **April 2023** |
| Continue to assess and prescribe, if appropriate, psychotropic medications | | | **April 2023** |

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| **MAT Standard 10** | **All people receive trauma informed care.** | The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.  The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience. | |
| April 2022 RAG status |
| **Actions/deliverables to implement standard 10** | | | **Timescales to complete** |
| See MAT 6 | | |  |
| Ensure recovery planning is discussed, is in place and recorded appropriately | | | **April 2023** |
| Continue to view services via a trauma informed lense | | | **April 2023** |
| Continue to explore alternative accommodation that meets the requirements of a trauma informed service | | | **April 2023** |