



# Specialist Drug & Alcohol Service

## Annual Report

2015-2016

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## 1. SUMMARY

The following report provides information of the resources available to deliver the Specialist Drug and Alcohol Service within Dumfries and Galloway, coupled with data around the service workforce activity. The report uses a comparison method model to compare previous year's data, providing the reader with an element of context. This also allows for identification of trends and or stand alone information which will contribute to future service delivery.

The service is delighted to confirm that it has continued to meet the waiting times to treatment A11 Heat Target; this is despite the Service receiving a 2% increase in its referral rates. The report also highlights, that it has made the target of no service user waiting more than 35 days for referral to treatment.

The workforce data collected identified the continued service pressure of non attendance or cancellations of outpatient appointments. In summary this accounts for just over 30% of all appointments offered. To proactively address this, the Service Manager has arranged to meet with key staff to identify the key contributing factors for this and identify interventions that could reduce this waste of resource.

Year 2015-2016 has seen a lot of changes in personnel within the Service. The report would like to highlight, that the long serving Service Manager, Moira Cossar and the Service Lead Clinician Dr John Waterhouse have both retired during this year. They have left the Service in robust health and have both made significant contributions to the development of treatment interventions are delivered. In addition to this the Service will now embark on series of structural changes in line with the agreed redesign model. The intention being that this will future proof the Service and ensure the delivery of an evidence based treatment model, in line with service user need.

## 2. RESOURCES

### 2.1 Budget

A number of cost pressures had been identified for 2015-16 following a reduction in funding for Drug Treatment & Testing Orders of £37k plus removal of non-recurring funding of £24k from the Alcohol & Drug Partnership. In addition to other pressures currently funded from savings accrued from a temporary reduction in medical cover, the savings target for 2015-16 will be in the range of £62 - £85k. The service has made some efficiency alterations which has partly off set the cost pressures. It is expected that changes to the current staffing model during 2016-2017 will meet the cost pressures fully.

	Annual Budget	YTD Actuals	YTD variance
<b>Substance Misuse Service</b>	1,553,597	1,591,210	-37,613

### 2.2 Staffing

The temporary reduction in medical cover to the Service has allowed an opportunity to explore skill mix within the Nursing Team, identifying areas of treatment and recovery plans that can be provided by Healthcare Support Workers under the supervision of a Registered Nurse. The cost pressures identified above are a key element in work that is being taken forward to redesign service delivery and it is anticipated that skill mix will be an important element of this project through 2016-17. Sickness levels for the past year were recorded at 5.4% (short term 2.2% and long term 3.2%) reduced from 6.4% in 2013-14 (short term 2.5% and long term 3.9%), with work continuing to ensure sickness absence is managed in line with NHS Dumfries & Galloway policies.

There was an 80% compliance with recording and completion of Annual Development Reviews on eksf in the past 12 months but there is less evidence of recorded Personal Development Plans (PDPs) with only 42% of staff having recorded PDPs on eksf.

## 3. ACTIVITY

### 3.1 Referrals

A total of 1003 (658 (65.6%) male, 345 (34.4%) female) people were referred to the Service during 2015-16, a 2.0% increase on the previous year. Unlike the previous year which saw the ratio of males to females with drug related problems higher than that for alcohol referrals the ratios across the alcohol and drug referrals was the same for males and females

The following table shows the pattern of referrals over the past 5 years

	1 Apr – 30 June	1 July – 30 Sep	1 Oct – 31 Dec	1 Jan – 31 March	Total
2011-12	213	214	207	235	<b>869</b>
2012-13	218	209	192	197	<b>816</b>
2013-14	242	289	261	250	<b>1042</b>
2014-15	215	235	295	237	<b>982</b>
2015-16	240	263	241	258	<b>1003</b>

The gender split for referrals was as follows

	Male	Female	Total
Alcohol	426	225	<b>651</b>
Drugs	232	120	<b>352</b>
<b>Total</b>	<b>658 (65.6%)</b>	<b>345(34.4%)</b>	<b>1003</b>

### 3.2 Client Contact Data

The following table shows the number of referrals received per client group, with information relating to current caseload, number of sessions provided and total number of contacts during the year. Referrals for people with alcohol problems reduced, bringing them in line with that of 2014-15 (663) whilst referrals for drug related problems rose by 10% (33). The trend of increasing drug referrals has continued with numbers up by 65% of those recorded in 2010-11 (213).

The percentages of people referred that had no previous contact with the Service were 29.3% for alcohol problems, similar to the previous 12 months whilst 19.3% of people with drug related problems had no previous contact with the Service, up from level recorded in 2014-15 at 16%. This reverses the trend seen in the previous year and may reflect anecdotal information towards the end of this reporting period that indicated a number of new younger adults with opiate related problems in the community. The number of people in contact with the Service at 31<sup>st</sup> March 2016 is similar to that at the beginning of the year. It had been anticipated that the number of people with drug problems in contact with the service would reduce as new GP Practices (Charlotte Medical Practice, Wigtown Medical Practice & Whithorn Surgery) agreed to provide care under the Local Enhanced Service for Drug Related Problems but to date this has not changed the number of people in contact with the Service. This is in part due to some GP Practices having limited involvement in the Local Enhanced Service.

The following table sets out the information described above.

	<b>Total</b>	<b>Alcohol</b>	<b>Drugs</b>
<b>Number of active clients at 31 March 2015</b>	584	142(24.3%)	442(75.6%)
<b>Number of referrals</b>	1003	651(64.9%)	352(35.1%)
<b>Number with no previous contact with Service</b>	259(25.8%)	191(29.3%)	68(19.3%)
<b>Number of clients taken on 1 April 15 – 31 March 16</b>	735	495	240
<b>Number of active clients at 31 March 2016</b>	648	170	478

The following table shows the number of appointments offered with details of the rates of cancelled and failed appointments.

<b>Number of individual sessions offered</b>	13743
<b>Number of individual sessions attended</b>	9338(67.95%)
<b>Number of cancelled appointments</b>	1833(13.34%)
<b>Number of DNA appointments</b>	2572(18.71%)
<b>No of drop-ins, non-client contacts</b>	1093
<b>Total number of contacts</b>	14,836

The majority of referrals (85%) for drug related problems was for people using heroin or prescribed methadone (people released from prison or transferring from GP care). Polysubstance use remains a common feature in Dumfries & Galloway with illicit opiates, diazepam and alcohol common features in reported substance use, non fatal overdoses and drug related deaths. The trend of injecting NPS alone or mixed with heroin has continued and is linked to an increase in serious injection site infections.

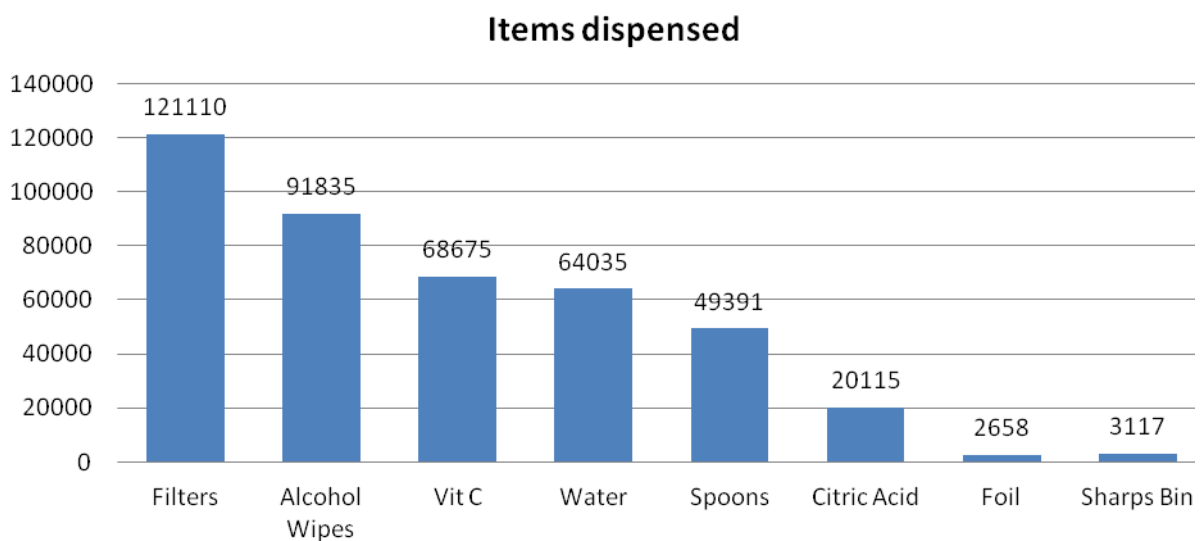
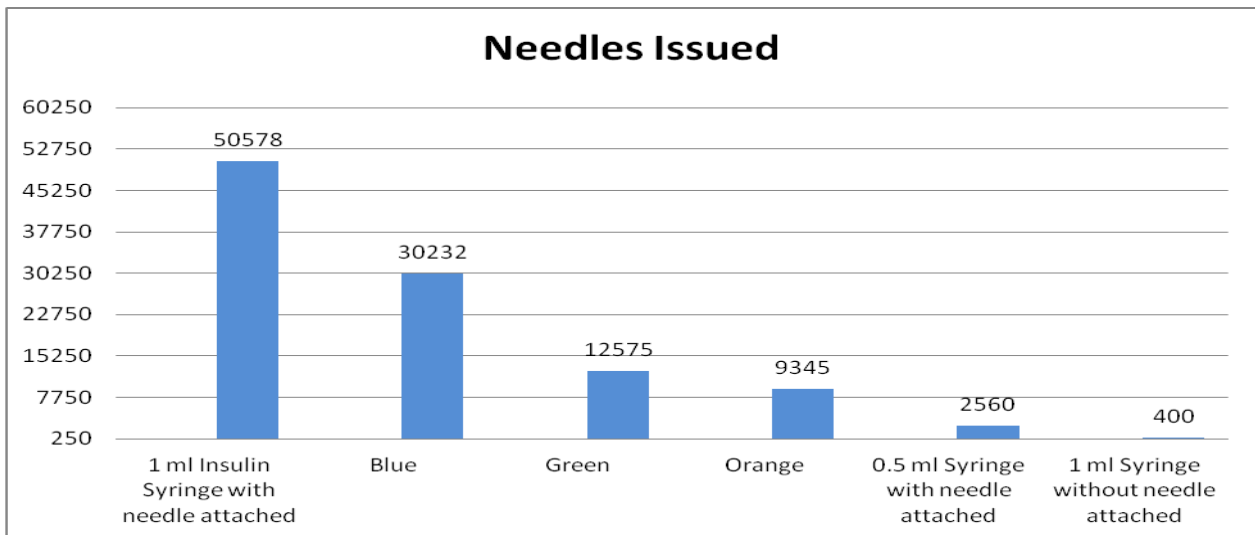
<b>Drug</b>	<b>Females</b>	<b>Males</b>	<b>Total</b>
<b>Amphetamine</b>	0	5	<b>5</b>
<b>Cannabis</b>	7	27	<b>34</b>
<b>Cocaine</b>	2	6	<b>8</b>
<b>Ecstasy</b>	1	1	<b>2</b>
<b>Benzodiazepines</b>	3	8	<b>11</b>

<b>Heroin</b>	61	106	<b>167</b>
<b>Methodone</b>	31	69	<b>100</b>
<b>Dihydrocodeine</b>	2	5	<b>7</b>
<b>Over the counter</b>	13	5	<b>18</b>
<b>Total</b>	<b>120</b>	<b>232</b>	<b>352</b>

### 3.3 Exchange data

There was a 5% increase recorded in the number of needles supplied compared with 2014-15. At time of writing this report there is no clear evidence to explain the increase in amount of equipment supplied but factors to consider is the anecdotal evidence of an increase in younger injecting drug users emerging and in the continued use of New Psychoactive Substances in the Dumfries and Galloway region. There is no longer a requirement to count returns but the identified return rate was 93.4%.

The following graphs provide some detail around the equipment supplied by John Miller, Senior Outreach Worker in 2015-16.



### 3.4 Waiting Times

The HEAT Target sets out that 90% of people accessing Alcohol and Drug Services should commence treatment within 3 weeks of their date of referral. During 2015-16 93% people accessing treatment with this Service were seen within 3 weeks of their date of referral compared with 94% in 2014-15.

### 3.5 Referral Agents

The overall referral patterns were broadly similar to last year with 66% of referrals coming from other healthcare settings. Following the 52% increase in referrals from GPs noted last year there was no change in the number coming from this route in 2014-15, which may indicate that the impact of the introduction of SCI Gateway referrals has peaked. As previously noted there was a reduction in referrals from DGRI, referral rates across other groups was broadly similar to 2013-14, although there was an increase of 12 (44%) in the number of referrals from prison.

The following table details information of referrals received by referral agent.

Referral Agent	Alcohol	Drugs	Total
General Practitioner	239	157	396
DGRI/Galloway Hospital	174	3	177
Mental Health Service	50	15	65
Self	73	68	141
Prison	9	34	43
Addaction	58	39	97
Alcohol & Drug Support - SW Scotland	17	0	17
Other Drug Service	0	11	11
Social Work (Children & Families)	4	3	7
Social Work (Criminal Justice)	7	11	18
Social Work (other)	4	1	5
Maternity Services	0	0	0
Family	13	10	23
Other	3	0	3
<b>Total</b>	<b>651</b>	<b>352</b>	<b>1003</b>

### 3.6 Referrals by Age

The age profile across all referrals is generally in line with that of previous years, however although the pattern of alcohol referrals is unchanged there does appear to be an upward trend in the age profile of people referred with drug problems in keeping with national trend of an ageing cohort of dependent opiate users.

This age profile is illustrated in the following table.

	Alcohol		Drugs		Total
	Male	Female	Male	Female	
<b>Under 18 years</b>	0	0	0	0	0
<b>18 – 25 years</b>	30	8	27	26	91
<b>26 – 35 years</b>	90	22	110	50	272
<b>36 – 45 years</b>	71	70	69	31	241
<b>46 – 55 years</b>	125	69	19	12	225
<b>56 – 65 years</b>	63	40	6	1	110
<b>Over 66 years</b>	47	16	1	0	64
<b>Total</b>	<b>426</b>	<b>225</b>	<b>232</b>	<b>120</b>	<b>1003</b>

### 3.7 Referrals by Locality

Referrals in Dumfries have decreased by 5% (21) compared with the previous 12 months whilst Team East recorded an 8% (27) decrease in referrals and Team West recorded a 4% (10) decrease.

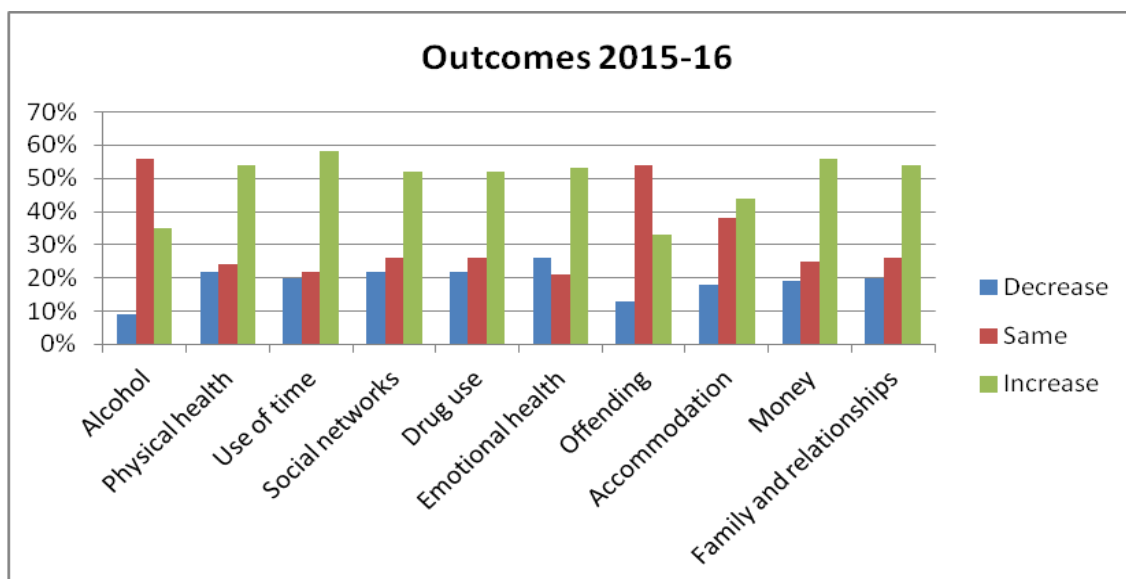
The following table and charts illustrate the geographical spread of referrals received.

	<b>Alcohol</b>	<b>Drugs</b>	<b>Total</b>
<b>DG1</b>	129	60	<b>189</b>
<b>DG2</b>	164	81	<b>245</b>
<b>Dumfries</b>	<b>293</b>	<b>141</b>	<b>434</b>
<b>DG3</b>	20	3	<b>23</b>
<b>DG4</b>	18	8	<b>26</b>
<b>DG5</b>	27	15	<b>42</b>
<b>DG6</b>	29	10	<b>39</b>
<b>DG7</b>	23	27	<b>50</b>
<b>DG10</b>	6	4	<b>10</b>
<b>DG11</b>	19	23	<b>42</b>
<b>DG12</b>	48	26	<b>74</b>
<b>DG13</b>	7	9	<b>16</b>
<b>DG14</b>	3	0	<b>3</b>
<b>DG16</b>	14	3	<b>17</b>
<b>Team East</b>	<b>214</b>	<b>128</b>	<b>342</b>
<b>DG8</b>	36	15	<b>51</b>
<b>DG9</b>	102	65	<b>167</b>
<b>Team West</b>	<b>138</b>	<b>80</b>	<b>218</b>
<b>Other/NFA</b>	6	3	<b>9</b>
<b>Total</b>	<b>651</b>	<b>352</b>	<b>1003</b>

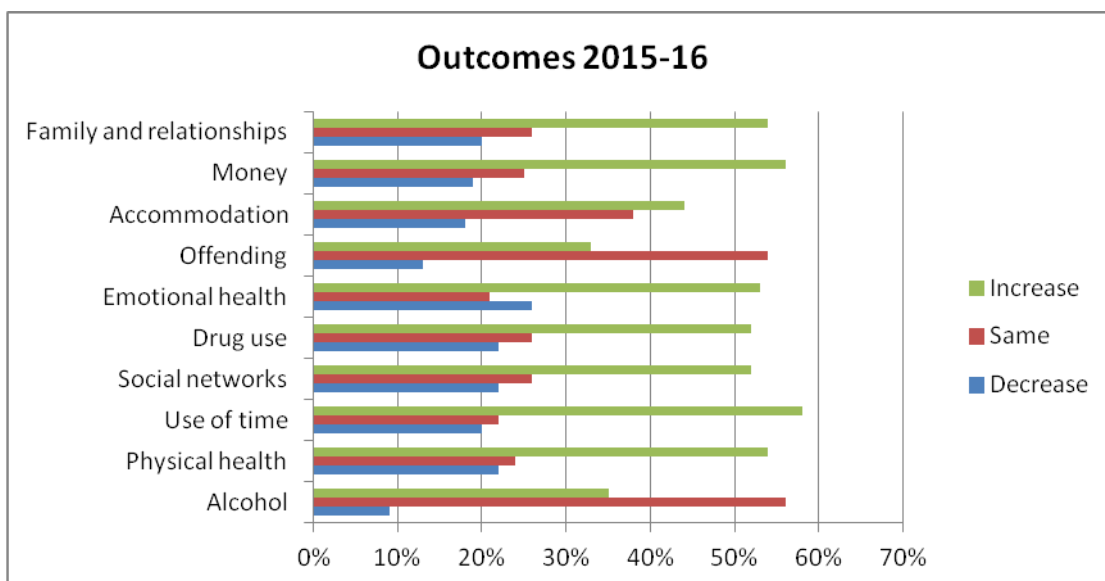
### 3.8 Outcome Data

The Service uses the Outcome Star as a performance measurement tool. It is expected that each person entering into service has a baseline Outcome Star completed and then regular quarterly repeat cycles. The data reported below relates to 371 service users who had at least one review completed during 2015-16.

The graphs show data relating to the amount of outcome change that has been measured. The report would highlight that there has been positive increase in all but one aspect of measurement; in the one aspect which didn't demonstrate this outcomes remained the same.







One point worth noting when considering the outcome data is that “no change” recorded for a score may not in itself be a negative assessment if the individual service user was already achieving a high score for that part of the Outcome Star when they entered treatment e.g. if they were not offending then they would score 10 at point of initial assessment or if using only alcohol or drugs would score 10 for the other data point on the Star. For the purpose of the report no change means that the average change per scale was between -0.25 and +0.25.

### 3.9 Discharge Data

Of the 954 people discharged from the service, 634 (66.5%) were planned discharges similar to rate of 2013-14 (67%). The percentage of people with alcohol related problems who had a planned discharge was 68% slightly higher than that recorded for people with drug related problems at 62%.

The following table provides details of recorded discharge data.

	Alcohol	Drugs	Total
Completed programme of care	126	43	169
Transferred to another agency	200	92	292
No longer seeking help	139	29	168
<b>Planned Discharges</b>	<b>465</b>	<b>164</b>	<b>629</b>
Did not complete programme of care	47	30	77
Did not attend	154	65	219
In prison	2	41	43
Deceased	2	9	11
<b>Unplanned Discharges</b>	<b>205</b>	<b>145</b>	<b>350</b>
<b>Total</b>	<b>670</b>	<b>309</b>	<b>979</b>

## **4.0 CURRENT PROJECTS AND DEVELOPMENTS**

Team members have been involved in a number of projects and developments in the past year.

### **4.1 *Development of Psychological Interventions (MI, Trauma Work)***

Motivational Interviewing is an evidenced effective practice for therapeutic interventions related to alcohol and drug problems. As part of an ongoing programme of skills development for members of the Team a second Community Nurse, Lewis Fergusson, has completed training provided by NHS Education Scotland to support Stuart Tilbury in the facilitation of Coaching Groups to develop and maintain skills. This approach is having a positive impact with feedback from Scottish Drugs Forum Survey indicating evidence of a skills based approach to interventions and recovery planning.

Team members have also benefited from training provided by colleagues from the Psychology Department, Rab McColm and Kathryn Macdonald. This has taken the form of monthly skills based training in Cognitive Behavioral Therapy interventions and the use of tools. To support the members of staff have had the benefit of supported monthly supervision sessions via colleagues in psychology.

The Service has been working over the past 3 years to imbed the Community Reinforcement Approach coupled with C-Bit skills. This has supported the Service to make service delivery changes, which are more service user friendly and create a more positive collaborative working relationship between staff, service users and our partner agencies.

The Service has made the decision to commit to up skilling its staff members to deliver evidence based psychological interventions. This is in line with good practice guidelines and fits with Quality Standards, for Drug and Alcohol Services. This report highlights that 2015-2016 has seen two members of staff, Stuart Tilbury and Jade Thompson began a two year training programme which will result in them becoming CBT Therapists. In addition, the Service has supported Alison Smith, Maureen Fair and Sara Gillan to undertake a 12 month CBT skills and supervision sessions provided by and validated by the region's Psychology Service. The report would also note that Kenny Sneddon has previously completed a CBT forensic skills course and this will be further incorporated into the Service Work Plan in 2016-2017.

The service has also identified two service leads, Jade Thompson and Stuart Tilbury, who have a three year aims and objectives plan in relation to psychological interventions. The following annual reports will chart the progress of this.

### **4.3 *LGBT Charter Mark***

The Service continues to await feedback from the awarding body re the level of charter mark the service will be given for its work on LGBT issues and aspects of service.

### **4.4 *Sexual Health***

There has been limited success with the delivery of long term contraception; the Service has members of staff trained to provide this service. In addition, there is a scoping exercise underway to establish if there is a need for the Service to offer smear tests and alternative forms of contraception. Jennifer Barr has been nominated lead for this area of work and is currently working on developing a three year sexual health strategy, for the Service, which will be produced 2016-2017.

### **4.6 *Motivational Interviewing Coach Groups***

This continues to be offered to all staff within the service and if appropriate any interested partner agencies. This is a skills based practice monthly session where practitioners are expected to bring their current clinical work and reflect on their practice in relation to a MI approach. The year 2015-2016 has seen Lewis Fergusson take this on and facilitate two coach groups.

#### **4.7 Development of a Multiagency Antenatal Clinic at Galloway Community Hospital**

As part of the improvement of antenatal services in the West of the region a multi-agency clinic to support women with alcohol and drug related problems has been established in the Galloway Community Hospital. The clinic follows the model provided in Cresswell and reduces the need for women to travel to Dumfries for monitoring of their pregnancy. This Service was fully involved in the development of this clinic which is currently supported by our Alcohol Liaison Nurse in Wigtownshire, Farrah Evans.

#### **4.8 Take Home Naloxone Project**

The Service continues to be a lead agency in delivering overdose awareness, overdose response training and naloxone supply for the Dumfries and Galloway region. This training is delivered in conjunction with our partner agencies and the newly formed peer naloxone trainers. This report highlights, that Dumfries and Galloway has achieved its set target for issuing naloxone kits in the year 2015-2016. The staff has recently received a clinical excellence award for their work in this field and the Service now has two new nominated leads in David Henderson and Alison Smith to continue to take this aspect of service forward.

#### **4.9 Children and Families**

Early Years collaborate work remains ongoing with positive links made with Maternity Services and Children and Families Social Work. There have been a number of training/briefing sessions provided on this for all staff.

The report would highlight that Eileen Carruthers and Gillian Paterson are nominated leads for Children and Families going into 2016-2017. The aims and objectives for this have not been fully confirmed, however, they will contain the development of a modular treatment programme for families within the Child Protection Framework, the development of interagency role clarity and the review of current antenatal provision from the service.

#### **4.10 Review of Documentation**

The Service has begun using ecase note, the NHS electronic record keeping system. In addition during 2015-2016 the service has started using the electronic risk assessments used by all parts of the Mental Health Directorate, improving sharing of information and standardising risk assessment across departments.

Staff members Jennifer Barr and Debbie Parker have reviewed and rebuilt the services record keeping audit tool, to reflect the changes in electronic record keeping. This will improve the audit cycle, with team leaders having the responsibility of ensuring a quarterly audit cycle.

The Service will look to imbed the use of file stream during 2016-2017. The aim of which is to provide improved statistics around workforce activity and promote reporting of this.

#### **4.11 Service User Involvement**

Following on from the Scottish Drug Forum commissioned survey of alcohol and drug treatment and recovery services. The Service has identified improving service user involvement and engagement as a key performance indicator; this will be achieved with a three year strategic plan focusing on three main objectives, which are:

- Meaningful feedback from service users when they leave the Service
- Development of a Service User Framework
- Establishment of Service User Involvement Group

In year 2015-2016 the Service has identified two lead people to take this plan forward. Lynda Wilson and Justin Murray. A Service User Self Assessment has been completed and contact has been made with the National Network for Service User focus in Scotland.

**Justin Murray**  
**SERVICE MANAGER**  
**July 2016**

