Re-commissioning of Adult Drug and Alcohol Treatment Services in Cambridgeshire
Summary of the consultation and survey findings

November 2017

BACKGROUND

Between July and November 2017, a range of consultations were undertaken and surveys sent out to inform the re-commissioning process. This short paper is a summary of the main findings.

Numbers contributing comments included:

- 48 respondents to the service user survey
- 109 to the general survey
- 32 to the GP survey
- 20 strategic consultations took place with managers
- 3 stakeholder engagement events had a total of approximately 100 contributors

FINDINGS

What works well?

The recovery work of the treatment service received positive comments from all the consultations and surveys. In particular, group work and one to one work was highly valued along with peer and volunteer support, outreach and the recovery cafe. Treatment staff showed commitment and low staff turnover meant that consistency was offered. Most respondents thought access was easy and pharmacy support was good.

Issues

- **Access and pathways:** Despite good reports of access, a proportion of responses highlighted ineffective or confusing pathways to treatment and perceived lack of out of office hours opening. Criminal justice pathways in particular were reported to vary in effectiveness. In rural areas, issues were magnified by lack of equitable provision.

- **Primary care support:** It was widely reported, including from GPs themselves, that shared care was not something that most wanted to be involved with. Reasons were because of the complexity of clients, time required and lack of expertise. An emerging group presenting with a specific problematic drug use were patients with prescription drug and/ or over the counter drug dependence. They were presenting in primary care but less so in treatment.

- **Recovery focus:** Whilst many respondents welcomed the recovery focus, a number of both service users and professionals stressed that this was not possible or wanted by all substance misusers and meant that inappropriate aims of abstinence were set when harm reduction needed to be the goal.

- **Mental health:** This came out repeatedly as an area where needs were not met, with confusion and frustration surrounding who/ how substance misusers with mental health issues could be effectively treated. Service users cited mental health as a key reason why they did not access substance misuse treatment.

- **Older people:** Increasing numbers of older people in treatment reported that they did not ‘fit’ in a service that was designed for a much younger cohort.
Opportunities for the future

- **Co-location**: Extending opportunities for co-located working is seen as an opportunity by a range of professionals, especially within primary care and criminal justice agencies.

- **Primary care**: Increasing shared care requires training and ongoing support to help GPs treat substance misusers. ‘Stable’ and 'alcohol users' were seen as appropriate for treatment in primary care. Clarity is needed regarding the treatment pathway for patients dependent on prescription medication.

- **Hospital alcohol liaison**: Given the high number of alcohol specific and related episodes, intervening with effective advice and pathways to treatment is imperative. This could include moving this role to within CPFT Psychiatry team and/or rethinking the role definition.

- **Pharmacy support**: Pharmacy staff, other professionals and service users want to see pharmacies able to deliver a wider range of interventions from identification and brief advice, to health checks. This is alongside supervised consumption and needle exchange. Needle exchange needed to be ‘pick and mix’ rather than pre-chosen packs to avoid waste.

- **Criminal justice**: Data surrounding offender access and sustained engagement in treatment requires attention so that opportunities to increase the effectiveness of pathways and provision respond to need.

- **Mental health**: Opportunities for joint working between substance misuse and mental health treatment services are seen as crucial to improve outcomes for this cohort of service users.

- **Recovery**: The overwhelming response of service users to future provision was more group work, counselling and recovery activities. Older people want support from similar aged individuals.

- **Promotion**: The new service needs to be actively promoted to ensure the public and professionals can easily access information about what is offered.