

# **Substance Misuse Services: All Wales Review of Substitute Prescribing Services**

**August 2009**

Healthcare Inspectorate Wales  
Arolygiaeth Gofal Iechyd Cymru



## Contents

	<b>Page No</b>
Executive Summary	i
<b>Chapter 1:</b> The Background to the Review .....	1
<b>Chapter 2:</b> Commissioning of Substance Misuse Services .....	5
<b>Chapter 3:</b> Planning of Substance Misuse Services.....	11
<b>Chapter 4:</b> Access to Services .....	15
<b>Chapter 5:</b> Quality of Services Provided .....	25
<b>Chapter 6:</b> The Prescribing of Controlled Drugs.....	45
<b>Chapter 7:</b> Exiting Treatment .....	49
<b>Chapter 8:</b> Next Steps.....	51
Annex 1: Healthcare Inspectorate Wales.....	53
Annex 2: Summary of Recommendations .....	55
Annex 3: Summary of Practice worth sharing.....	61
Annex 4: The Scope and Approach.....	65
Annex 5: Detailed Provision of Substance Misuse Services in Wales ...	69
Annex 6: Service User Involvement.....	87
Annex 7: Drug Related Deaths & GP Prescribing Analysis .....	103
Annex 8: Glossary of Terms .....	111
Appreciation .....	119



## Executive Summary

Substance misuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (World Health Organisation<sup>1</sup>). It also includes the use of prescription medicines, over the counter preparations and household products such as lighter fuel and other aerosols. The effects of substance misuse are far reaching and it can be damaging for both families and communities.

In 2000 in recognition of the impact of substance misuse on Welsh communities, the Welsh Assembly Government launched its initial national substance misuse strategy 'Tackling Substance Misuse in Wales: A Partnership Approach'. This was updated in August 2008 by a new 10 year substance misuse strategy 'Working Together to Reduce Harm – The Substance Misuse Strategy for Wales 2008-2018'.

Since the publication of the Welsh Assembly Government's first substance misuse strategy in 2000 a number of initiatives have been taken forward that have resulted in improvements to substance misuse services and enabled more people across Wales to access treatment and support. In 2007-08, 28,000<sup>2</sup> people accessed substance misuse treatment services compared to little over 2,300 in 1997-98.

It is against this backdrop that Healthcare Inspectorate Wales (HIW) has been commissioned by the Welsh Assembly Government Minister for Social Justice and Local Government to develop and implement a programme of thematic reviews of substance misuse treatment services. The purpose is to assess the adequacy and quality of services provided across Wales, identify good practice and make recommendations for future improvement.

---

<sup>1</sup> World Health Organisation (WHO) is the directing and coordinating authority for health within the United Nations system.

<sup>2</sup> Welsh National Database for Substance Misuse 2007-08

This first review has focused on the commissioning and provision of substitute prescribing services for drugs such as methadone which is used to help manage and reduce the use of illegal opiate drugs such as heroin. The review has also established an overview of substance misuse services across Wales and a baseline of provision which will be used to inform future reviews.

We identified some high quality services across Wales within both statutory and voluntary sectors. Where variation in quality has been encountered it has been against a baseline of some extremely good services rather than any that are particularly poor. We found staff working within substance misuse services to be committed, hard working and highly motivated.

Responsibility for ensuring the planning and commissioning of local substance misuse treatment services rests with the local statutory partnerships known as Community Safety Partnerships (CSPs). These consist of representation from local authority, health, police and fire organisations.

The CSP's role in respect of developing and implementing local substance misuse strategies is relatively new. Whilst some CSP's demonstrated a high degree of maturity and leadership, a significant number failed to demonstrate any strategic leadership concerning local substance misuse issues. This has a negative real impact on both the planning and commissioning of substitute prescribing services and wider issues relating to substance misuse.

There was significant variation in local strategic planning systems for substance misuse both nationally and regionally. Within some partnerships effective joint commissioning could not be demonstrated and many services were found to be based on "historic" arrangements rather than strategic planning. Often services were being delivered in the absence of agreements or contracts.

Systems for the monitoring of treatment systems and outcomes varied across CSP's with governance and performance management arrangements generally under developed and weak. In many areas there is a lack of integrated care pathways and thus it is difficult to appreciate how local treatment systems are intended to operate. In many areas there are either poor or inconsistent approaches to the planning and management of care, along with poor information sharing between agencies, In many areas the progress of clients through the treatment system cannot easily be demonstrated.

The quality and availability of substance misuse services in Wales depends on where people live. Access to services can be a significant problem, especially where these are delivered over large sparsely populated areas, although some services have been able to rise to the challenge better than others. We found that many services were difficult to find, with poor levels of information and signposting.

For individuals with a co-existing mental health condition, their substance misuse problem often leads to them being excluded from mental health services.

Access to appropriate treatment for young people is as inconsistent as for adults. We found some services to be thoughtfully planned and delivered, whilst others have a more *ad hoc* and poorly thought out approach. Transitional arrangements for young people into adult services were also poorly developed in many areas.

There is little specialised inpatient provision, such as stabilisation, detoxification and residential rehabilitation services, with substance misusers often being treated alongside acute psychiatric patients. Access to residential rehabilitation or other community care is often more dependent on the availability of financial resources, than on access criteria and assessment of need.

In some areas both staff and service users have to cope with some facilities that are below standard. We visited a number that were unsuitable and gave rise to health and safety concerns. Premises were also being used simultaneously for multiple purposes and thereby compromised patient's rights to confidentiality.

The provision of primary care is extremely variable. While many general practitioners engage positively with this client group, others refuse to provide support of any kind. Where the latter occurred, significant bottlenecks in the treatment system were apparent.

Waiting times are a significant problem in some areas where little movement through systems could be demonstrated, there is however a clear downward trend in waiting times nationally. Some service users have to wait months for treatment, whilst others are unable to obtain treatment at all as eligibility criteria is set too high for their current level of need.

The leakage of prescribed medication onto the illicit market, which has also been linked to a number of drug related deaths, was highlighted as a concern during the review. Whilst we note this availability exists, it is not specific to Wales and can occur anywhere that drug treatment services exist. Although we noted that the highest levels of concern in Wales were identified around the M4 corridor, we found no evidence linking any leakage of prescribed medication[s] back to specific drug treatment services in Wales. However we have received reports from service users of individuals 'beating the system', as well as obtaining multiple prescriptions from both public and private sources in order to obtain medication which they do not require.

The review has highlighted some concerns regarding the safeguarding of children and the protection of vulnerable adults. The assessment of substance misuse needs and social circumstances does not always explore whether the individual has carer responsibilities or the existence of vulnerable dependents. Claims of confidentiality are often used dubiously as a barrier to the sharing of appropriate information between agencies, both statutory, private and voluntary.

We also found that little or no consideration is given to ensuring clients timely exit from the treatment system or what this may entail. Success is measured in a number of ways by substance misuse services, only one of which is abstinence. Positive outcomes however do not appear to be recorded and the local benefits of investment in particular approaches are not easily demonstrable. It is therefore very difficult for services generally or those who work in them to form a credible view about their quality.

In summary, we have concluded that the strategic vision and objectives of the Welsh Assembly Government are not being consistently attended to or delivered across Wales. Strategic commissioning processes are under developed in many areas, leading to the delivery of ad hoc and fragmented treatment. In a number of areas where good practice exists this is due more to the efforts of individuals or teams rather than local strategic leadership.



## Chapter 1: Background to the Review

1.1 Substance Misuse affects not only those who misuse substances, but also their families and friends. It can result in increased crime, poor educational achievement and anti-social behaviour. Hence the effects on society in general can be far reaching. Substance misuse can also be linked to poverty, homelessness and a lack of work or leisure opportunities and so the agencies involved in tackling its effects are wide ranging and include health, social care and criminal justice organisations.

1.2 In recognition of the impact that substance misuse has on families and communities, the Welsh Assembly Government published 'Tackling Substance Misuse in Wales: A Partnership Approach' (2000). This sets out a clear national agenda for tackling and reducing the harm associated with substance misuse. In the same year the government also established the Advisory Panel on Substance Misuse (APoSM) to advise it on issues and operational arrangements relating to substance misuse. The panel consists of experts who, between them, cover the key areas of interest (crime and disorder, health, pharmaceutical matters, social services, voluntary sector, youth, probation service, prison service and education).

1.3 A new 10 year strategy, 'Working together to Reduce Harm' (2008), was launched on 1 October 2008 which aims to build on the previous strategy. The strategy identifies four priority action areas:

- **Preventing harm** – helping children, young people and adults to resist or reduce substance misuse.
- **Supporting substance misusers** – to improve their health and to aid and maintain recovery.
- **Supporting families** – to reduce the risk of harm to children and adults as a consequence of the substance misusing behaviour of a family member.

- **Tackling availability** and protecting individuals and communities – reducing the harms caused by crime and anti-social behaviour related to substance misuse.

1.4 The strategy was accompanied by ‘The Substance Misuse Strategy Three-year Implementation Plan 2008-11’ which, under the four priority action areas, lists a series of actions/targets, dates for their achievement, progress/results and which organisations are taking the lead on each action/target.

1.5 To evaluate where the strategy is achieving the necessary change and improvement and to highlight where the focus of attention should be directed to secure further improvements, the Minister for Social Justice and Local Government has commissioned Healthcare Inspectorate Wales (HIW) to develop and implement a 3 – 5 year programme of thematic reviews. These will assess the adequacy and quality of substance misuse treatment services provided across Wales. In this first year criminal justice focused services such as the Drug Intervention Project (DIP) and Drug Rehabilitation Requirement (DRR) were excluded from the review brief. They will be addressed as part of future reviews.

1.6 The focus of this first year review has been to develop a clear picture of the level of service provision and commissioning to help inform the focus of the review programme in years 2 - 5. In addition we aimed to evaluate:

**‘How well treatment that involves the prescribing of opiate substitute drugs within substance misuse services is commissioned and provided.’**

1.7 We have worked closely with the Community Safety Division (CSD) of the Assembly Government, other regulation/inspectorate bodies and the National Public Health Service (NPHS) to identify and prioritise the high-risk issues associated with substance misuse services in Wales. We also engaged with service providers through workshops and one-to-one meetings to gain a better understanding of substance misuse issues.

1.8 In addition a stakeholder group made up of representatives from HIW, the Assembly Government and other relevant organisations, was established to advise on the scope and approach of the review. Details of the latter are at Annex 4.

1.9 As with all HIW's reviews we were anxious to capture the views and perceptions of service users. We distributed 1600 questionnaires to substance misuse service providers across Wales and further copies were issued to service users during our on-site fieldwork visits. A total of 258 questionnaires were completed. The outcome of the detailed analysis can be found at Annex 6. The regional breakdown of completed questionnaires received is as follows:

- North Wales 25%
- Gwent 8.9%
- South Wales 36.1%
- Dyfed Powys 19.6%
- Unknowns 10.4%

1.10 We also held 80 focus group and drop-in sessions as part of our on-site fieldwork visits to provide service users with the opportunity to let us have their views and perceptions on the availability and delivery of substance misuse services.



## Chapter 2: Commissioning of Substance Misuse Services

2.1 In Wales, Substance Misuse Services are commissioned primarily by the 22 Community Safety Partnerships (CSPs) that operate at local authority level.

2.2 CSPs are statutory partnerships and are comprised from the following organisations:

- Police Authority
- Local Health Board (LHB)
- Police Force
- Fire Service
- Local Authority (LA)

2.3 CSPs were established under the Crime and Disorder Act 1998. In April 2003 they became the responsible authorities in Wales for the formulation and implementation of strategy for combating substance misuse in response to the Police Reform Act 2002 and the Crime and Disorder Act 1998 as amended.

2.4 These partnerships have primary responsibility for overseeing the development and delivery of substance misuse services across their local authority area. All public funding for substance misuse services is overseen by the CSPs who hold responsibility for the effective deployment of these resources.

2.5 The majority of funding for substance misuse services in Wales is through the Welsh Assembly Government's Substance Misuse Action Fund (SMAF). This is allocated to the 22 CSPs in Wales to commission services against the needs identified in their local Substance Misuse Improvement Plans. In 2007-08 the Substance Misuse Action Fund had a budget of £17.8

million (£4.1 million capital and £13.7 million revenue). In addition a further £8.6 million of the 22 Local Health Board's Discretionary Allocation was ring-fenced for substance misuse services

2.6 The CSPs' role in respect of developing and implementing local substance misuse strategies is relatively new. We found the majority of individuals working within CSPs to be committed and hard working, many demonstrating a range of skills and knowledge regarding both substance misuse and the management of CSP work.

2.7 CSPs are responsible for significant public investment in local substance misuse services. However, while accountability for such expenditure is taken seriously by some, many were unable to demonstrate that appropriate governance arrangements were in place. In many areas CSPs could not provide us with evidence of formal delegation arrangements, or reporting and accountability mechanisms. Many CSPs were found to be managing the substance misuse agenda on an "exception reporting" basis only and could not provide an account of their achievements.

2.8 Recognition of the key role that the local CSP should play in respect of substance misuse services it is vital to achieving improved services. In some areas the CSPs are simply not perceived as credible or relevant. One NHS Trust board member clearly stated that the Trust:

***“does not recognise the role of CSP in substance misuse service strategy and planning”***

Such a view seemed to be predominating in areas where the CSP has not developed appropriate strategies and approaches.

2.9 Some CSPs demonstrate a high degree of maturity in the way they manage substance misuse issues having in place a published and monitored strategy, clear processes for board level consideration of local substance misuse issues and the monitoring of resources. However it was clear that

others lacked leadership and had no clear vision of their role and direction. One CSP had not met for nine months and individual officers were hence operating in a strategic vacuum. We also found that some CSPs do not appear to have reviewed their substance misuse strategies for a number of years and there was a lack of evidence of regular monitoring taking place.

2.10 With a few exceptions, we found little evidence of the planning, commissioning or delivery of integrated drug treatment systems. A number of CSPs told us that they were:

***“not able to plan service across a treatment model / client journey at present”***

2.11 In certain areas we found that local politicians neither recognised nor accepted that there was a problem and tackling substance misuse was not seen as a priority:

***“Alcohol is ok but drugs are taboo..... political environment is difficult to work in”***

2.12 Within the vast majority of CSPs, responsibility for substance misuse is delegated to Substance Misuse Action Teams (SMATs) in line with national policy and guidance. However CSPs hold ultimate accountability and should have strategic oversight of the work of these groups. We found this was not occurring in some areas with the responsibility for accountability not being fully recognised by some CSPs.

2.13 We were told by a number of CSPs that they had assumed their role in relation to substance misuse was minimal because engagement with the Welsh Assembly Government in respect of this area takes place through Substance Misuse Advisory Regional Teams (SMARTs) who link directly with local SMATs, rather than the CSP. There is therefore a need to make CSP accountabilities clearer.

2.14 We concluded that a significant number of CSPs fail to demonstrate strategic leadership in respect of the commissioning and delivery of local substance misuse issues.

**Recommendation(s)**

- 1. All CSPs should ensure that they have up to date and relevant local strategies to meet the need of their local population. These should be formally and demonstrably adopted and monitored by the CSP board.**
  
- 2. All CSPs should ensure clear and agreed partnership arrangements are in place that demonstrate the roles, responsibilities and accountability arrangements of all partners in relation to substance misuse.**

2.15 We identified instances where relevant partner organisations were unwilling to work together to address substance misuse. LHBs were often cited as resisting scrutiny of resources by the CSP's and a number of CSPs reported difficulties in agreeing funding priorities with LHB partners.

2.16 CSPs are responsible for ensuring that local services to treat substance misuse are in line with national guidance and effectively meet assessed need. However we found considerable variance in terms of how CSPs fulfil this role. As a result, access to services and their quality, to the extent that the latter can be assessed, very much depends on where someone lives.

2.17 Some CSPs were very clear about the nature of local problems and needs. However the majority had no clarity in this respect. The majority of service specifications we examined were inadequate and there were usually several key elements absent; for example, access criteria, effective outcomes and monitoring agreements. Many provider organisations reported to us that they did not know what was expected of them so they:

**“...did what they thought they should”.**

**Recommendation(s)**

**3. All CSPs must prepare and adopt specifications and contracts that meet local needs effectively.**



## Chapter 3: Planning of Substance Misuse Services

3.1 The provision of substance misuse services is complex, varied and often difficult to describe clearly. Services fall into one or more of four tiers that indicate the level of treatment provided:

- **Tier 1** – Information and advice about substance misuse and referral to other services if necessary.
- **Tier 2** – Open-access drug treatment (i.e. drop-in services) for triage assessment, advice and information and harm reduction.
- **Tier 3** – Opiate substitute and alcohol detoxification prescribing, structured day programmes, care planning and structured psychological interventions.
- **Tier 4** – Inpatient detoxification, residential rehabilitation and other specialist units.

At the time of our fieldwork there were 38 separate service provider organisations (excluding those with a criminal justice focus), 7 of which are NHS Trusts, the remainder being from the independent/voluntary sector. In this report we refer to providers as “tier one [two, three or four] agencies” depending on the level of their service. A detailed breakdown of service provision within Wales is at Annex 5.

3.2 Any treatment system needs to be seamless, integrated and able to meet the needs of the client group in the most efficient and effective way.

3.3 The most common way to plan a treatment system is along a set of integrated care pathways, i.e. the journey people will follow through the system. In keeping with any journey the care pathway has an identified beginning, middle and end. These should, among other things, identify referral routes into any necessary support services.

3.4 Some CSPs have already begun or are beginning to look at treatment systems as a whole and are at different stages of development. These are able to demonstrate a plan for a treatment system and may now be in the process of implementing their systems. Examples of the latter include Wrexham, where a clear vision for a treatment system is in place with a corresponding commissioning strategy and service agreements. In Carmarthen, the CSP has spent the last two years developing such a vision and is currently in the process of implementation.

3.5 For many others, care pathways and integrated treatment are either being developed or have not even been planned. Two worrying messages have come out of this review. Firstly, in reference to government guidance:

***“[the CSP] doesn’t have time to adopt this so they continue as before.”***<sup>3</sup>

And in relation to drug treatment:

***“No one knows what a substance misuse service should look like.”***<sup>4</sup>

#### **Recommendation(s)**

**4. All CSPs must ensure that they allocate sufficient time for the development of strategic plans for local drug treatment systems.**

**5. CSPs must ensure that they have the sufficient skills and knowledge at their disposal to deliver the substance misuse services its local population need.**

---

<sup>3</sup> Quote from CSP Board member

<sup>4</sup> Quote from CSP Board member

3.6 Often where pathways exist in some form, they have been created around existing services rather than being commissioned around a preferred model and set of pathways.

3.7 We found some good examples of effective pathways into specialised services. These include the formalised link with midwifery services in North Wales.

**Recommendation(s)**

**6. All CSPs must ensure that local treatment pathways are published with referral routes and access criteria clearly stated.**

**7. CSPs should ensure the development of appropriate care management systems.**



## Chapter 4: Access to Services

### Distance and Cost of Travel

4.1 A number of factors affect access to substance misuse services across Wales. Perhaps the most obvious are geography and distance to travel. These can pose significant challenges to service users, providers and planners. One in three service users who responded to our survey identified difficulties in accessing services due to the distance and cost of travel.

4.2 While some service providers refund travel costs, others do not, resulting in a financial disincentive for users to attend for treatment. This difference in provision often arises as a result of requirements set in commissioning contracts. The view of some users is that it is cheaper to stay on heroin than to get into treatment. One of the most telling statements made by a service user during the review was:

***“Smack is cheaper than the bus fare”***

4.3 While it would be unreasonable to expect to find a drug service in every village in Wales, some service providers have introduced innovative approaches to ensure that travel, time and cost do not become barriers to accessing services. These include the North West Wales NHS Trust whose substance misuse team have arrangements in place that ensure that the majority of clients are seen by them within two miles of their home.

4.4 Another example is the mobile unit operating across North Wales which was initially created to promote harm reduction and act as an initial gateway to services. Plans are now in place to include a nurse prescriber on board the unit.

4.5 The welcome use of such mechanisms occurs sporadically in other areas of Wales but is not always part of local planning considerations. It tends to arise from the initiative of individuals rather than being planned strategically. Sadly in a number of CSP areas the approach of “sitting back and waiting” has been adopted. In other words, if service users want to “kick the habit”, they should be prepared to travel.

### **Waiting Times**

4.6 The most pressing barrier for many users is the time that they have to wait for treatment. This is still significantly high in some areas and a number of factors help to maintain these levels. These include:

- A lack of effective pathways out of tier three services for stable<sup>5</sup> clients.
- A lack of regular and timely review of stable clients in some areas.
- In some areas, review of stable clients is undertaken by tier three agencies instead of involving GPs.
- A restricted number of sites offering prescribing.
- Some agencies being disinclined to adapt and seek new ways of working.
- Non medical prescribers not having access to script pads and some GPs refusing to supervise them.

4.7 Information on waiting times is difficult for service users to find and, in some areas where waiting times have in fact been reduced, potential service users still mistakenly believe that they have to wait long periods for treatment.

---

<sup>5</sup> "stability" when used in the context of substance misuse treatment refers to a situation in which an individual has control of his or her situation. For the purpose of this review it refers to someone that has made good progress in drug treatment and is no longer in need of specialist support but may still require a prescription / lower level support for the foreseeable future

## **Information on Available Services**

4.8 A number of agencies, principally in the voluntary/independent sector, have reported that they are unsure of what local treatment pathways exist and what services are available to their clients. This is a particularly pressing issue where tier three agencies have extensive waiting lists and ever more stringent access criteria, as well as being gatekeepers to additional services. We found instances where clients cannot progress from their first access point into the system as the only pathway considered locally is into the tier two agency. Even when client's reaches tier three, they are not always informed of options. One client told us:

***'It is a little unclear sometimes what support is available other than what is produced at the time.'***

4.9 We found few examples of publicly available information, such as service leaflets and some premises were difficult to find. The same is true of many pharmacies participating in needle exchange programmes (see also paragraph 5.25)

### **Recommendation(s)**

**8. A treatment map/service directory should be published in each CSP area to include points of access, eligibility criteria, client rights, legal rights to local services and minimum expectations. All service providers should inform clients of typical waiting times and the anticipated commencement date for treatment.**

## **Cross Sectoral Issues**

4.10 There are inadequate transition arrangements in many areas for young people moving into adult services. However Wrexham has set an example by demonstrating clear arrangements, including those for effective handover.

4.11 It is important to the general well-being of clients whose position has stabilised that their care is passed to primary care practitioners. This has been demonstrated to be an essential element of a drug treatment system, assisting the 'normalisation' of service users. However, CSPs in some areas told us they have had only limited success as local GP's have opposed such improvements.

4.12 Despite evidence to the contrary both in Wales and the wider UK, in many areas we found that only qualified nursing staff are allowed to carry out basic prescribing assessments. Many of these are trained psychiatric nurses, who, instead of carrying out basic tasks could be better used as a resource for clients who require mental health services. Such practice needs to be reviewed as it is impacting on waiting times for both substance misuse service users and mental health patients.

## **Recommendation(s)**

- 9. CSPs must ensure that robust mechanisms are in place for the analysis of required staff skills and competences for the delivery of a range of services required by substance misusers.**
- 10 CSPs that are not meeting current waiting time targets must identify as a matter of priority alternative approaches to the provision of prescribing services that will help to reduce waiting times.**
- 11. CSPs must maximise the use of resources at their disposal and demonstrate the efficiency of services they commission.**

## **Access to Intensive Programmes and Specialised Services**

4.13 Access to more intensive programmes, such as inpatient services and residential rehabilitation, is difficult to plan for. There is a general lack of specialised inpatient services in many areas. Where this option is identified as necessary, use is often made of psychiatric inpatient services rather than the dedicated provision that is required in Welsh Assembly guidance.

We were frequently informed that access to residential rehabilitation funding (community care funding) is decided by the size of the budget and therefore the needs of some individuals are not being met due to there being insufficient resources to meet assessed need.

4.14 In many areas it appears that bottlenecks are created by local insistence that only social workers can carry out community care assessments.

- In some situations, substance misuse services assess individuals' suitability to be referred for a community care assessment. This is inconsistent with an individual's right to receive an assessment if he or she wants one.

#### **Recommendation(s)**

**12. CSPs must assure themselves that all legal obligations are being met in terms of individuals' accessing community care funding and that objective criteria are in place to assess suitability for funding.**

**13. Where delays exist in obtaining access to assessments CSPs must identify alternative ways to undertake assessments.**

4.15 One area of concern is the inability of some substance misusers to access mental health services where they have a co-existing mental health problem. We were told frequently by clients and staff that access to mental health services for this client group is extremely difficult at best.

4.16 We were also told by substance misuse staff working within two separate NHS Trusts that they could not gain access for their clients to their own trusts' psychology or psychiatric services:

***“substance misuse is often an exclusion criteria for mental health services”***

4.17 We were provided with examples of where provision was denied when psychotic and suicide attempts had arisen. In one area access differed between community mental health teams ***“due to the personality of the manager”*** rather than any objective criteria. A worker in another area stated ***“I can get my clients in because I used to work there”***.

## **Recommendation(s)**

**14. Local Health Boards and CSPs must agree an action plan with substance misuse providers to ensure timely access to mental health services for clients who need them. In so doing the Welsh Assembly Government policy document on co-morbid substance misuse and mental illness should be adhered to.**

4.18 Access to other specialised services, such as those for blood borne infections, is also unclear in many areas. Some services have developed “in house” testing for hepatitis B and C in order to ensure access and effective uptake for their clients. The substance misuse team of North West Wales NHS Trust have been using a particular “dry blood” test which has doubled the uptake of such tests by the local client group. This approach, which is far less invasive than needing to draw whole blood, is also being used by the GP Consortium in Gwent. Service users told us that this method is more attractive to injecting drug users and far more practical because finding a useful vein can be difficult.

4.19 In some areas a range of services are co-located in an effort to ensure easy transition between them and to address multiple needs. Examples include the Treatment and Education Drug Service (TEDS) in Aberdare, Dewi Sant in Rhyl and the GP consortium in Pontypool. The first two examples were formed due to the drive of a local champion rather than commissioning intent.

4.20 One problem cited by service users is having to go through repetitive assessment processes. Despite the existence of the Welsh Integrated In depth Substance Misuse Assessment Tool<sup>6</sup> (WIISMAT), assessments often do not follow clients between tiers two and three. This has been described to us as off putting and unnecessary.

#### **Recommendation(s)**

**15. The Welsh Assembly Government should review WIISMAT in terms of its fitness for purpose and build in systems of consent for the sharing of information in the next release of the tool.**

4.21 Fear of disclosure of drug use remains an active barrier to treatment for many. This can be compounded by their individual situation. One example given to us was of drug using mothers fearing that their child will be taken into care if they seek help. This raises the issue for substance misuse services of how to handle sensitively particular child protection concerns that may arise from the use of drugs and links to recommendation 27.

#### **Access to Pharmacies**

4.22 We were encouraged to find that, of service users responding to our questionnaire, 94% felt it was easy to access a pharmacy. Regionally the position was fairly consistent:

- North Wales 97%
- South Wales 97%
- Dyfed Powys 91%
- Gwent 91%

---

<sup>6</sup> Wales In-Depth Integrated Substance Misuse Assessment Toolkit (WIISMAT) - An in-depth assessment tool, consistent with the Unified and Fair Assessment Process.

4.23 We found pharmacies to be underused in many respects and very little information is being made available through these premises regarding available services for substance misusers.

**Recommendation(s)**

**16. CSPs must ensure that information about drug services and positive messages about seeking help are delivered through all partner organisations, particularly through ensuring full utilisation of local pharmacy enhanced roles wherever possible.**

4.24 Access to services can be a problem, especially where services are being delivered over large sparsely populated areas. Although some services are able to rise to the challenge; for example, the mobile unit in North Wales referred to earlier, others are clearly not addressing the difficulties associated with service location, information or signposting.



## Chapter 5: Quality of Services Provided

5.1 In 2005 the Welsh Assembly Government set out a common framework of healthcare standards<sup>7</sup> to support the NHS and partner organisations in providing effective and timely services of high quality across all healthcare settings. This formed the fundamental basis of our judgements on the quality of substance misuse services.

### Service Delivery

5.2 A number of services provided in Wales are of high quality and comparable with any in the UK and probably beyond. The quality of practices and processes in such services is demonstrable against current clinical and other standards. A list of services demonstrating practice worth sharing is included at annex 3. In summary, key characteristics of such services include:

- A clear focus on clients
- Willingness to innovate, learn and improve
- An openness to criticism
- Sound business systems and measures of both processes and outcomes
- Professional approaches with a focus on role and function of core business
- Objective consistent criteria used to inform professional judgements
- Demonstration of a high degree of knowledge regarding the subject area
- Effective training and supervisory systems
- Thoughtful and sophisticated care packages (not one size fits all)

- A high level of ambition for positive outcomes for clients
- High level of engagement with other services and agencies and the wider community.

***“we do what we do for a reason, to make a difference”***

5.3 However, variations exist both between and within statutory and voluntary/independent sector provision. Although variation is to be expected where there are differences in local need, this does not appear to be the only reason.

5.4 Within the NHS there were examples of very traditional, consultant led clinical services, staffed by nurses, which involved other disciplines and sought their views to varying degrees. While others are truly multi-disciplinary, involving a range of professionals from different backgrounds. For example the specialised services in Wrexham where a substantial additional investment in social care staff has complemented the skills of clinical staff. Other areas where both clinical and non-clinical staff work jointly are in Carmarthenshire, Ceredigion, Bridgend, Newport and Pembrokeshire.

5.5 We found that nationally service users' perception of whether services meet their needs is generally positive. 91% of those responding to our questionnaire felt the services they access meet their needs. These figures however relate to individuals already receiving services and may not reflect the views of others who need them.

---

<sup>7</sup> The Welsh Assembly Government published *Healthcare Standards for Wales* in May 2005 and they came into effect on 1 June 2005. Further information on the *Healthcare Standards for Wales* can be found at: <http://www.hiw.org.uk/page.cfm?orgid=477&pid=15775>

5.6 The survey identified a number of gaps in service provision for those on opiate substitute prescription programmes. These include structured counselling services, services which work more effectively with poly-drug users (especially for those who also consume alcohol), and services which provide additional or diversionary activities and aftercare.

### **Involvement of Service Users in Development of Services**

5.7 41% of service users responding to our questionnaire told us that they had never been asked before to comment on the quality of services received or on how the service could be improved. Of those that have had an opportunity to comment on services, only 37% were aware that something has changed as a result.

5.8 The regional breakdown for service users who told us that they have **never** been asked to comment on services is:

- North Wales 48%
- South Wales 40%
- Dyfed Powys 34%
- Gwent 32%

5.9 We did identify examples of voluntary/independent sector drug agencies, such as Ogwr Dash and the West Glamorgan Council on Alcohol and Drug Abuse (WGCADA) that demonstrated the value they place on the views of users and carers. Within the Bridgend CSP area a wider user involvement group has been established with the specific objective of sharing their:

***“combined knowledge/experience as service users with providers of services in the area”***

5.10 In addition Bridgend CSP are giving consideration to how it may make best use of the views of service users in shaping services. A process for training and support for service users to enable them to engage confidently with officers and present their views at formal meetings has been identified as a necessary first step.

5.11 A number of service user groups have been set up by services locally. However, some appear to be ad hoc, unstructured and of little value to the service user, according to our survey results only 39% of service users stated that their service has a user group that asks for frequent feedback on the quality of services it provides.

5.12 We found that CSPs generally do not consider the needs and views of those reluctant to attend services. However we did find that Ynys Môn CSP was currently tackling this issue and has amended its definition of service user to ***“everyone who MAY use the services as well as those who DO use the services”***.

#### **Recommendation(s)**

**17. CSPs must ensure that mechanisms for service user views to be sought are in place for all commissioned services, and that this is effectively monitored and reviewed.**

**18. CSPs should identify mechanisms for seeking the views of drug users for whom the treatment system is not attractive, with a view to them receiving effective treatment packages.**

#### **Complaint and Compliments Process**

5.13 The majority of service users we received feedback from were satisfied with the way complaints are dealt with. However there was a lack of feedback provided to them on the complaints raised.

5.14 The majority of service users felt that they were supported by their key worker to make a complaint about their service. However 18% of users did not feel comfortable about making a complaint either because of a general dislike of complaining or out of fear that to do so would have a negative impact on their treatment.

5.15 The regional breakdown for service users who told us they were aware of the complaints and compliments process operating in the area is:

- North Wales 53%
- South Wales 71%
- Dyfed Powys 76%
- Gwent 78%

#### **Recommendation(s)**

**19. CSPs and providers must ensure that appropriate complaints and compliment processes are in place; that all service users are aware of them and that complaints and compliments are used to influence their commissioning activity.**

#### **Quality of Care and Treatment**

5.16 There appears to be a wide variation in the composition and approach of services provided by the NHS to address the needs of service users with complex needs. CSPs all claim that a multi-disciplinary approach is employed locally. However the definition is often left for providers to decide and hence the understanding of “multi-disciplinary” also varies. In one instance a service described multi-disciplinary as meaning a mixture of doctors and nurses. Another indicated that having access to a social worker meant the same thing.

5.17 What is clear, and clearly stated in clinical guidelines, is that substance misusers as a client group often have multiple needs which require input from a range of disciplines and agencies.

5.18 Consultant led services, that is, those which tend to work mainly within a clinic and wait for service users to travel to them have had higher waiting times and drop out rates, poorer attendance rates and higher access criteria, than those that adopt a more flexible approach. For example joint working arrangements between statutory, and voluntary/independent sector agencies in Bridgend, seem more flexible in terms of addressing these issues than those that work in isolation.

5.19 The willingness of NHS providers to adapt and change varied. The substance misuse service within North West Wales NHS Trust (NWWT) provided a good example of a NHS service that is willing to innovate and change. While specific service adaptations themselves were notable (examples will be given later in this chapter), it was the processes underpinning them that we found most striking.

5.20 The NWWT team are engaged in the Practice Development Unit accreditation programme and were able to demonstrate a high degree of benchmarking and analysis of all aspects of the services they provide, including resultant service changes and improvements they have made in approaches to working with homeless people.

5.21 There are a number of significant gaps in services. Again these vary by area and are often sufficient to pose obstacles to clients' smooth progression through local systems. In many areas there is inadequate provision of GP shared care, poor communication and movement between tier two and tier three agencies, and limited or non-existent aftercare.

5.22 On the other hand, there are many examples of the voluntary/independent sector delivering good quality substance misuse services. These are often the first point of contact for clients requiring opiate substitute prescribing services and provide invaluable support for individuals waiting to get into NHS prescribing programmes. Good provision of prescribing services includes Kaleidoscope in Newport where a range of ‘wrap around’ options is available for every client on an opiate substitute prescription programme.

5.23 The range of voluntary/independent sector provision appears to be much broader in some respects than that in the statutory sector. Low threshold, “just walk in” services through to a single inpatient unit are all provided, with a range of provision in between. There are also examples where voluntary/independent sector services are not paid for out of public money, but rather the agencies themselves raise funds to deliver these services.

5.24 As in the NHS, there are variations in the quality of voluntary/independent sector provision. All services seemed to us to fulfil a vital role. In particular, where there are high waiting times for prescribing services, significant work is being undertaken to reduce risks to both individuals and communities.

5.25 While variations in quality of provision have been found, agencies are mostly safe in terms of practice. Where concerns exist, these relate either to systemic problems, often between agencies, or isolated examples of practice which could be improved. However we have found some potential for risks to the safety and well-being of service users.

5.26 In some instances clients on prescription programmes who are involved in treatment through the criminal justice system, simply have prescriptions terminated or a reduction regime is enforced. Such situations may pose risks to individuals and to their families or others close to them. The Department of Health and Welsh Assembly Government's 'Drug Misuse and Dependence: Guidelines on Clinical Management'<sup>8</sup> clearly states:

***“Such a course of action can put the patient at an increased risk of overdose death, contracting a blood borne virus or offending. It may also increase the level of risk to children and vulnerable adults in the home”.***

5.27 In these cases, the issue appears to be the inability of NHS services on occasion to support these clients, or poor communication between services. In one instance, someone released from prison who was in receipt of a prescription had to join a waiting list and his treatment was ended in the meantime. Another example relates to a client on a time limited Drug Intervention Programme. Here a fairly quick reduction programme was enforced, against the patient's wishes, as services could not accommodate him.

5.28 Generally, longer waiting times, discussed in the previous chapter, result in delays in addressing risks to individuals and the wider community, rather than creating additional risks themselves. As seen from the above examples, however, this is not always the case.

5.29 Other instances where waiting times have increased risks have been identified. Work undertaken by the National Public Health Service for Wales (NPHS)<sup>9</sup> suggests a strong relationship between high numbers waiting for treatment and the likelihood that treatment in some agencies will be ended prematurely. As one NHS board member described the situation:

---

<sup>8</sup> 'Drug Misuse and Dependence: Guidelines on Clinical Management' (2007) Department of Health, Welsh Assembly Government et. Al. (P.56)

***“(we have an).....aggressive policy on DNA’s. Clients are out if an appointment is missed (exceptions include parents with children). GP’s are not happy with this. This is a result of waiting times targets imposed on us”***

5.30 Instances where access criteria are increased as a result of perceived pressure over waiting times are also a concern. Examples include injecting heroin users, one HIV positive, who met drug treatment criteria, but were informed that their problem was not yet severe enough to allow access to treatment. One of them subsequently overdosed. We would expect such clients ordinarily to be described as a clinical priority, but were concerned that clinical priorities may perhaps be seen as secondary to other considerations. We are also concerned that CSP’s responsible for commissioning treatment systems are not specifying access criteria as a matter of course in many areas.

### **Governance Arrangements**

5.31 We were told by staff working in substance misuse services in some large NHS Trusts that they feel isolated and that they and the service they deliver is kept at arm’s length from the rest of their organisation. Within these organisations we found few corporate support mechanisms for staff in the delivery or development of services. The non engagement of non-executive board members is also clearly apparent. We found little evidence of board members actively engaging with substance misuse services and it is also clear that such services do not feature as a priority or even a subject of interest for a number of Trust Board’s. There was very little information being received by the majority of Trust Board’s about substance misuse services.

---

<sup>9</sup> ‘Health Needs Assessment – Substance Misuse’ Version: 2c (2006) National Public Health Service for Wales

5.32 While NHS Trust's could demonstrate having organisation wide governance arrangements in place, it was difficult for many of them to show how these apply to their substance misuse services.

5.33 By contrast, voluntary/independent sector agencies could readily demonstrate how policies apply to substance misuse services and how governance systems and management processes apply. This is perhaps because, in the main, they tend to have been specifically established to provide such services. However, the systems themselves are not always that strong or well managed. Understanding the importance of good management practices was not always demonstrated to us.

### **Staff Safety**

5.34 Our visits to provider organisations highlighted situations where staff are being exposed to unnecessary risks. Principally these occur where out-posted staff are seeing clients in isolated surroundings and in the absence of a thorough risk assessment.

5.35 Generally such instances occur where an agency is making efforts to allow easier access to the service for clients, for example by removing the need for clients to travel to them. Our concerns relate to a lack of risk assessments of either the situation or the client.

5.36 Managerial and clinical supervision systems were generally found to be in place but they are not always used according to local policies and procedures. The main reason given for this was pressure on the service and insufficient time. However, we have also been informed by some staff that they are not aware of local systems and by others that they are unable to access clinical supervision. During some visits to service providers, when we asked staff to produce copies of policies, they did not know how to access them.

## Staff Development

5.37 There is wide variation in training and access to professional developmental opportunities. This is true across all sectors and regions. Generally relevant training was available, often identified during appraisals or required by employers. In many areas, failure to find time for training was the biggest shortcoming.

5.38 The likelihood of accessing training is generally higher in the voluntary/independent sector than the NHS, although the position varies. It does seem that, in some areas, updates to skills and knowledge are regarded as more valuable by the voluntary/independent sector. During interviews, NHS nursing staff raised understandable frustrations:, exemplified by one statement:

***“if we are expected to work in a specialist area why can’t we get any specialist training to do what we are asked to do”***

### Recommendation(s)

**20. CSPs must insist on appropriate competencies, skill mix and opportunities for continuing professional development within all services that it commissions.**

## Care Planning

5.39 Care plans that identify the services and interventions required to meet the user’s needs are fundamentally important.

5.40 Although care planning exists, it is inconsistent both between and within agencies. Our analysis of the responses we received to our service user questionnaire highlighted the following variations.

	<b>% of service users who knew what a care plan was</b>	<b>% of service users that knew that they had a care plan in place</b>	<b>% of service users that had at some stage discussed agreed the content of a care plan</b>
o North Wales	85%	73%	72%
o South Wales	78%	69%	73%
o Dyfed Powys	91%	88%	90%
o Gwent	96%	80%	57%

5.41 Comments varied across Wales as to the frequency that users discuss treatment options open to them; this ranged from never, to immediately on assessment or regularly at one-to-one meetings. However, 94% of service users feel that they are listened to by their service providers when deciding on their preferred service.

5.42 One of the difficulties described to us by staff drawing up care plans was the unavailability of some services:

***“I often don’t fill in the care plan because the services aren’t there, I can’t raise false hopes”***

5.43 Mechanisms for reporting unmet need to commissioners are generally unclear.

**Recommendation(s)**

**21. CSP’s must ensure that systems are in place to capture details of unmet need and to ensure that clear pathways across services are agreed and monitored.**

5.44 One extreme example of the impact of poor care planning was provided to us by a young woman who was two days away from discharge from an inpatient unit. Aftercare arrangements were not in place when she told us that she was fearful of:

***“being discharged to sleep on the steps of the museum”***

5.45 Ineffective care planning, care management and communication can also have safety implications. One example was where a prescribing service and an alcohol service were both working independently with the same client. They knew this to be the case and yet reached no joint agreement regarding a care plan or appropriate interventions. This resulted in the two services issuing conflicting directions to the client’s GP to either prescribe or not prescribe Diazepam. There appeared to be no common governance system to ensure the safety of the patient in this situation, nor apparently were the staff willing to use their common sense to achieve a collective solution.

**Recommendation(s)**

**22. CSP’s must ensure that all service specifications require joint care planning and information sharing across all commissioned services where a client accesses more than one service.**

**23. CSP’s must ensure that effective area wide clinical governance structures are in place for all services they commission.**

**24. Providers should seek consent from clients to share personal information with relevant agencies**

## **Service Premises**

5.46 Generally service users thought that premises used for delivering services were comfortable. The sort of reasons given to us included a modern building, relaxed atmosphere, availability of refreshments, children's play area, outside smoking area and friendly, helpful and knowledgeable staff.

5.47 However some facilities we visited were unsuitable for the delivery of treatment and care. Problems ranged from health and safety concerns, access, and premises being used for the simultaneous delivery of multiple interventions that compromised patients' rights to confidentiality. All issues of concern have been addressed with the organisations concerned.

5.48 Our concerns about health and safety included premises with no fire escapes or with access via steep and difficult stairways, inadequate natural light and ventilation, and exposed wiring. There was also an instance of clinical waste being stored in toilet cubicles that were intended to be in use.

5.49 There are a small number of premises where rooms are being used to deliver services to two clients at once. One such room was also open to a waiting area with another being used as for drop in purposes. In these situations it was clear that confidentiality could not be maintained.

## **Maintaining Confidentiality**

5.50 Confidentiality appears to be maintained within the majority of service premises, with 75% of service users across Wales stating that they could not overhear discussions between staff and other service users.

5.51 However we were also given some contrary examples:

- 'Waiting area is by the treatment room and it is difficult not to overhear discussions due to the thin walls/door'

- ‘The treatment room is also the staff office so phone calls come in while you're talking’
- ‘Sometimes you can overhear telephone conversations’
- ‘Not intentionally people might be chatting over coffee or outside smoking
- ‘You can see people’s medication on the screen and hear conversations going on about other service users.’

5.52 During visits to some pharmacies we saw that the door of the confidential consulting room had windows or glass panels, making unobserved supervised consumption of drugs impossible. Some service users told us that they felt unsafe when using their pharmacy service, giving reasons such as other service users being intoxicated or a general lack of security. These concerns obviously need to be addressed, especially if, as we have suggested elsewhere in this report, the potential of pharmacies has not fully been tapped.

5.53 The safe keeping of patient records is a concern, as is the lack of premises from which to deliver services in some areas. A number of staff transport patient records to or from premises or necessarily use them in their vehicles. Patient records were reported as being left in cars, on occasion overnight, or kept at home.

5.54 A further infrastructural concern is the poor availability of IT equipment. We received reports of clinical staff using their own personal internet connections for work, including sending emails concerning clients.

5.55 Staff in many areas reported that rudimentary IT systems cannot cope with demands placed upon them. Among these demands are national reporting requirements and the ability to store and retrieve patient information such as drug history and prescribed medication record.

## Recommendation(s)

**25. All providers must ensure that secure systems are in place for the transporting, communication and safe keeping of all patient records and information.**

### Dignity and Respect

5.56 The attitudes of staff can affect the outcomes of treatment. We found that, of the service users who responded to our questionnaire, 79% felt that they were treated with respect by service staff. However, examples were also given by service users of less favourable experiences:

- “Pharmacy staff were disrespectful, serving other non substance user customers first”
- “Heard staff talk about me and other clients to staff and customers”.
- “One staff member told an ex girlfriend’s mother I was on methadone”
- “Being laughed at and looked down on after relapse”

Fear of judgement can be a real worry for this group given the general stigma still attached to drug use.

5.57 The regional breakdown for service users who told us they were treated with respect is:

- North Wales 75%
- South Wales 76%
- Dyfed Powys 88%
- Gwent 74%

5.58 We also found that most service users who responded to our questionnaire were confident that staff were suitably trained and experienced, as indicated below:

- Drug workers 95%
- Nurses 84%
- Pharmacists 92%
- GP's 93%
- Receptionists 83%

5.59 The regional breakdown of the above figures is:

	<b>Drug Worker</b>	<b>Nurse</b>	<b>Pharmacist</b>	<b>GP</b>	<b>Receptionist</b>
North Wales	97%	88%	91%	94%	75%
South Wales	93%	70%	94%	93%	84%
Dyfed Powys	100%	89%	100%	88%	91%
Gwent	95%	95%	89%	95%	89%

5.60 The majority of service users were complimentary about the helpfulness and caring nature of staff. Comments included:

- “They are very patient and caring for my needs”
- “I feel they do their job to the best of their ability and are professional in every way”
- “The workers within the substance misuse agency are all very well trained and knowledgeable”
- “They don't judge you”

### **Recommendation(s)**

**26. Organisations must ensure that all front line staff are equipped and confident to raise issues of drug use with members of the public in a non-judgemental manner.**

### **Protecting Children and Vulnerable adults**

5.61 While all agencies had appropriate policies relating to the protection of children and vulnerable adults, staff were not always clear as to the procedures that must be followed. Many of the staff we spoke to were not familiar with “Hidden Harm”<sup>10</sup> or its contents. Children and young people with drug misusing parents are often in need of protection and, although services are focused on the treatment of the client, dependents can often be overlooked.

5.62 Despite working within a prescribing agency, some staff were unfamiliar with the ‘Orange Book’<sup>11</sup> and its contents relating to family and child protection and the requirements of the Children Act 2004.

### **Recommendation(s)**

**27. Service providers must have policies in place to ensure staff are aware and understand all safeguarding policies and procedures and their relevance to their area of work.**

---

<sup>10</sup> Hidden Harm – Responding to the needs of Children of Problem Drug Users; Report of an Inquiry by the Advisory Council on the Misuse of Drugs (2003)

<sup>11</sup> Drug misuse and dependence – UK guidelines on clinical management (1999) (updated version 2007) commonly known as the ‘Orange Book’.

5.63 Some staff were concerned about the potential conflict between attempting to treat the client and the safeguarding of children and the protection of vulnerable adults. Although most service providers consider the needs of both clients and dependents, we found that the primary concern for some agencies is maintaining the relationship with a client to ensure continuation with treatment, rather than addressing concerns identified about dependents. Examples were given of specific agencies refusing to attend child protection conferences in case it damaged their relationship with clients.

5.64 Other examples were given of agencies refusing to share relevant information as this was considered to be confidential to the agency. We were assured that the appropriate safeguarding bodies had been informed of these occurrences. Underpinning these concerns is a general lack of information sharing.

5.65 Despite the existence of guidance and the launch of WIISMAT (see paragraph 5.22), which includes relevant questions; assessments are not routinely identifying the existence of vulnerable individuals. 79% of clients reported being asked during the assessment process about children with whom they had contact or for whom they were responsible. 64% were asked in relation to vulnerable adults. Where we examined client assessments we confirmed that these questions were not routinely asked. The WIISMAT itself does not include a consent agreement for information to be shared.

#### **Recommendation(s)**

**28. CSPs must review all service level agreements to ensure that statutory requirements in relation to safeguarding are included and that review mechanisms are in place to demonstrate compliance by providers.**

5.66 There are occurrences of highly risky injecting practices among groups of young people in some areas which have not been identified through local needs assessment. There appears to be local awareness of such risks in some areas but there are no obvious mechanisms for sharing this knowledge in order to plan risk reduction strategies. One of the key functions of CSPs is to enable joint action and to ensure that information is shared where this is necessary and legally permissible. We are concerned that some health agencies are not sharing information they possess regarding vulnerable young people at risk.

5.67 Current safeguarding systems are for the most part reactive, based on either the occurrence of incident or a level of risk threshold being exceeded. The perceptions of risk vary between partners and between areas.

5.68 CSP's are the key to driving change which must see a shift in the commissioning of substance misuse services toward a more family centred form of delivery. This will be essential to achieve the ten year strategy objective of social integration of the family back into the mainstream.

#### **Recommendation(s)**

**29. CSP's must ensure robust and well managed family centred, substance misuse care pathways into and out of children and family services.**

**30. CSP's must ensure that information sharing agreements are in place for their local area and that these cover the protection of vulnerable people**

## Chapter 6: The Prescribing of Controlled Drugs

6.1 Particularly in the treatment of heroin dependence, the use of powerful controlled drugs prescribed as replacements for the heroin is evidenced as highly effective. It is obviously important that the use of such drugs is carefully controlled and monitored

6.2 During the review, concerns were raised with HIW about the leakage of prescribed medication onto the illicit market. This had reportedly been linked to a number of drug related deaths.

6.3 There is evidence of the availability of methadone and buprenorphine (subutex) on the illicit market, particularly along the M4 corridor from police seizures. There is also widespread availability of benzodiazepine preparations, particularly valium in addition to anecdotal reports of the availability of both dihydrocodeine and morphine sulphate. Prescribing data supports the claims made by drug workers in some areas that GP's had been prescribing these medications. This data cannot however demonstrate the further claims that they were prescribed by GP's to known drug users.

6.4 Information shared with us by South Wales Police included evidence to indicate that methadone is being discovered in the possession of people for whom it has not been prescribed. At the time of our fieldwork the source of such leakage was unknown. The testing we undertook in this area did not highlight any evidence of a link back to the drug treatment services we reviewed.

6.5 There are inconsistent approaches to the risk assessment of service users and their home circumstances prior to their movement from supervised to unsupervised consumption. We did however find significantly higher levels of supervised consumption than expected in the majority of areas as clients tended to remain on this regime far longer than appears to be indicated by clinical guidance suggesting risk avoidance by prescribing services.

6.6 We received reports from service users in a number of areas of individuals “beating the system” in order to obtain medication which they did not require. This is achievable due to service users knowing when drug screens will be carried out due to their predictability, and preparing for them by ensuring that they have the correct drug in their system

**Recommendation(s)**

**31. CSP’s and service providers must agree and implement steps to reduce the predictability of drug screening and ensure a more random approach is used.**

6.7 Reports of people obtaining multiple prescriptions from both public services and private prescribers further underpin the concept of inadequate risk management. There is a lack of information sharing between agencies in some areas, resulting in a real possibility that the small number of clients minded to do so may obtain controlled drug prescriptions from more than one source at the same time.

**Recommendation(s)**

**32. Systems to safeguard against both multiple and inappropriate prescribing must be implemented.**

6.8 We undertook an analysis of GP prescribing data for a range of medications (see Annex 7) which revealed prescribing patterns or issues of concern that reflected the local organisation of services. For example, while the analysis in Annex 7 shows significantly higher levels of prescribing of substitute drugs (methadone and buprenorphine) in a number of areas, this occurs only where substance misuse services are delivered through primary care settings. Areas where a more significant proportion of substance misuse services are delivered through hospital sites or specialist NHS trust teams show lower levels of GP prescribing. Where we found the prescribing of Heroin (diamorphine), this was consistent with both levels and patterns expected with palliative care. Nothing of immediate concern was identified during this process.

6.9 Most LHBs have systems in place to monitor prescribing patterns. These systems are generally good with effective monitoring taking place. However, controlled drug prescribing in relation to substance misuse services and general patterns do not appear to be discussed via medicines management networks either locally or regionally.

6.10 The Controlled Drugs (Supervision of Management and Use)(Wales) Regulations 2008 came into force on 9 January 2009. There is now a requirement for organisations to appoint Accountable Officers to ensure the safe management of the use of controlled drugs. Accountable Officers will also be responsible for setting up local intelligence networks. HIW will have a role to ensuring compliance with legal requirements, as well as involvement in the local intelligence network arrangements. At a national level, implementation of the new arrangements will be subject to external scrutiny by HIW.

**Recommendation(s)**

**33. The Welsh Assembly Government should consider a mechanism for co-ordinating information on controlled drug prescribing in each region.**

6.11 A national and 4 regional panels have been established to review all drug related deaths in order to learn lessons from such incidents. This system has picked up at least one instance where methadone diversion has occurred and has enabled the CSP's and providers to address the matter promptly and practices to be improved.

**Recommendation(s)**

**34. Each regional Drug Related Death Panel should, as a matter of priority, put in place mechanisms to ensure that lessons learned and emerging issues can be addressed promptly by CSP's and providers.**

## Chapter 7: Exiting Treatment

7.1 We found no evidence in the commissioning of substance misuse services, of consideration being given to how clients exit the treatment system or how they are supported after that. No clearly defined “ends” to treatment pathways have been set and there are no consistent definitions of success or clear measurement of outcomes. .

7.2 Clear positive outcomes required from and expected of treatment systems need to be established and monitored. This will allow for the identification of success and for improvements in the ability of service users to make informed choices about their own treatment. Without these, it is impossible to form a credible view about the quality of services. Measures need to be developed and agreed by all those with an interest in the services, including clinical and other staff who will have a view about the measures that would assist them in their care and treatment of clients. Definitions of what constitutes an “end” to elements of intervention or treatment and plans for people to progress further through the treatment system have to be clear.

7.3 Positive outcomes from substance misuse treatment are not solely dependent on being abstinent. This may be a far harder goal for some to reach than for others. Short term successes, such as cessation of injecting and offending are clearly happening, but are not being monitored or fully reported. Further, medium and longer term objectives such as stabilizing tenancies, maintaining people in work or getting them into employment are not routinely considered.

7.4 There is a tendency for debate to become polarized between abstinence and maintenance or abstinence and harm reduction. This is not helpful to clients who may require a range of services. The West Glamorgan Council for Alcohol and Drug Addiction (WGCADA) has implemented successfully an approach to service provision that addresses harm reduction, the assessment of prescribing needs in partnership with CDAT and also provides an abstinence based programme from the same premises. We consider this to be noteworthy. As the service users themselves described it:

**“there is something for everyone here, you use one part of the service until you are ready for another”.**

7.5 We are aware of many situations, such as homelessness, that can lead people into severe substance misuse dependency. If there are no routes out of treatment, if clients are discharged irresponsibly and if services do not address collectively the issues underlying the problems of misuse, the outlook for many clients is likely to be bleak.

#### **Recommendation(s)**

**35. Clear positive outcomes required from treatment systems must be established and monitored. This is a collective task for all those with an interest in providing services of high quality.**

## Chapter 8: Next Steps

8.1 The Welsh Assembly Government, NHS Trust's, CSP's and private and voluntary organisations across Wales will need to consider and act upon the 35 recommendations in this report.

8.2 Over the coming months we will work with the Welsh Assembly Government's Department of Social Justice and Local Government Delivery (SJLGD) – Community Safety Division (CSD) policy leads, the CSD Substance Misuse Advisory Regional Teams and the HIW Substance Misuse Services Review Stakeholder Group to ensure the development of implementation plans that will take forward all the actions recommended in this report in a timely manner. Further, as part of this process, individual NHS organisations will be required to feed what actions they are to take forward into their Healthcare Standards Improvement Plans.

In addition, all providers and commissioners will be expected to develop and implement an action plan to address the specific issues that have been highlighted as part of specific feedback to their organisation.

8.3 We will also work with the Welsh Assembly Government - SJLGD to identify and consider those issues highlighted that have been highlighted by the review that require further and more detailed examination as part of our current thematic programme.



### Healthcare Inspectorate Wales

Healthcare Inspectorate Wales is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all

HIW's core role is to review and inspect NHS and independent healthcare organisations and services in Wales against a range of published standards, policies, guidance and regulations to provide independent assurance about their safety and quality for patients, the public, the Welsh Assembly Government and healthcare providers. As part of this work HIW will also seek to highlight areas requiring improvement. If necessary, HIW will also undertake special reviews and investigations where there appears to be systemic failures in delivering healthcare services to ensure that improvement and learning takes place. In addition, HIW is the regulator of independent healthcare providers in Wales, the Local Supervising Authority for the Statutory Supervision of Midwives and is responsible for monitoring approved nurse education programmes provided by higher education institutions in Wales.

HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Assembly Government, protocols have been established to safeguard its operational autonomy. HIW's main functions and responsibilities are drawn from the following legislation:

- Health and Social Care (Community Health and Standards) Act 2003
- Care Standards Act 2000 and associated regulations
- Mental Health Act 1983 and the Mental Health Act 2007
- Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001
- Ionising Radiation (Medical Exposure) Regulations 2000 and Amendment Regulations 2006

HIW works closely with other inspectorates and regulators in carrying out cross sector reviews in social care, education and criminal justice and in developing more proportionate and co-ordinated approaches to the review and regulation of healthcare in Wales.

### Summary of Recommendations

1. All CSP's should ensure that they have up to date and relevant local strategies to meet the need of their local population. These should be formally and demonstrably adopted and monitored by the CSP board.
2. All CSP's should ensure clear and agreed partnership arrangements are in place that demonstrates the roles, responsibilities and accountability arrangements of all partners in relation to substance misuse.
3. All CSP's must prepare and adopt specifications and contracts that meet local needs effectively.
4. All CSP's must ensure that they allocate sufficient time for the development of strategic plans for local drug treatment systems.
5. CSP's must ensure that they have the sufficient skills and knowledge at their disposal to deliver the substance misuse services its population need.
6. All CSP's must ensure that local treatment pathways are published with referral routes and access criteria clearly stated.
7. CSP's should ensure the development of appropriate care management systems.

8. A treatment map / service directory should be published to include points of access, eligibility criteria, client rights, legal rights to local services and minimum expectations. All service providers should inform clients of typical waiting times and the anticipated commencement date for treatment.
9. **CSP's must ensure that robust mechanisms are in place for the analysis of required staff skills and competences for the delivery of a range of services required by substance misusers.**
10. CSP's that are not meeting current waiting time targets must identify as a matter of priority alternative approaches to the provision of prescribing services that will help to reduce waiting times.
11. **CSP's must maximise the use of resources at their disposal and demonstrate the efficiency of services they commission.**
12. CSP's must assure themselves that all legal obligations are being met in terms of individuals' accessing community care funding and that objective criteria are in place to assess suitability for funding.
13. Where delays exist in obtaining access to assessments CSP's must identify alternative ways to undertake assessments.
14. Local Health Boards and CSP's must agree an action plan with substance misuse providers to ensure timely access to mental health services for clients who need them and ensure Welsh Assembly Government policy document on co-morbid substance misuse and mental illness is fully implemented
15. The Welsh Assembly Government should review WIISMAT in terms of its fitness for purpose and build in systems of consent for the sharing of information in the next release of the tool.

16. CSP's must ensure that information about drug services and positive messages about seeking help are delivered through all partner organisations, particularly through ensuring full utilisation of local pharmacy enhanced roles wherever possible.
17. CSP's must ensure that mechanisms for service user views to be sought are in place for all commissioned services; and that this is effectively monitored and reviewed.
18. CSP's should identify mechanisms for seeking the views of drug users for whom the treatment system is not attractive, with a view to them receiving effective treatment packages.
19. CSP's and providers must ensure that appropriate complaints and compliment processes are in place; that all service users are aware of them and that complaints and compliments are used to influence their commissioning activity.
20. CSP's must insist on appropriate competencies, skill mix and opportunities for continuing professional development within all services that it commissions.
21. CSP's must ensure that systems are in place to capture details of unmet need and to ensure that clear pathways across services are agreed and monitored.
22. **CSP's must ensure that all service specifications require joint care planning and information sharing across all commissioned services where a client accesses more than one service.**
23. CSP's must ensure that effective area wide clinical governance structures are in place for all services they commission.

24. Providers should seek consent from clients to share personal information with relevant agencies.
25. All providers must ensure that secure systems are in place for the transporting, communication and safe keeping of all patient records and information.
26. Organisations must ensure that all front line staff are equipped and confident to raise issues of drug use with members of the public in a non- judgemental manner.
27. **Service providers must have policies in place to ensure staff are aware and understand all safeguarding policies and procedures and their relevance to their area of work.**
28. **CSP's must review all service level agreements to ensure that statutory requirements in relation to safeguarding are included and that review mechanisms are in place to demonstrate compliance by providers.**
29. CSP's must ensure robust and well managed family centred, substance misuse care pathways into and out of children and family services.
30. CSP's must ensure that information sharing agreements are in place for their local area and that these cover the protection of vulnerable people.
31. CSP's and service providers must agree and implement steps to reduce the predictability of drug screening and ensure a more random approach is used.

32. Systems to safeguard against both multiple and inappropriate prescribing must be implemented.
33. The Welsh Assembly Government should consider a mechanism for co-ordinating information on controlled drug prescribing in each region.
34. **Each regional Drug Related Death Panel should, as a matter of priority, put in place mechanisms to ensure that lessons learned and emerging issues can be addressed promptly by CSP's and providers.**
35. Clear positive outcomes required from treatment systems must be established and monitored. This is a collective task for all those with an interest in providing services of high quality.



## Summary of practice worth sharing

The review team considered the examples in the table below to be practice worth sharing, defined through evidence of evaluation and positive changes to service user care. Further details are contained within the findings section of this report.

North Wales	
Customised data system used to capture useful and relevant data above necessary requirements - CAIS.	Harm Reduction Service / Bus (out reach service), public health information - North West Wales NHS Trust.
Outreach service – North Wales NHS Trust, and the use of “dry blood” BBV screening.	Boots the Chemist welcome packs – public health.
Virtual GP service – Wrexham LHB.	Dewi Sant Shelter, Rhyl – Good access point for range of services.
Practice Development Unit Accreditation Programme – North West Wales NHS Trust.	Mapping staff training courses against the Drug and Alcohol National Occupational Standards (DANOS) – CAIS.

<b>South Wales</b>	
Service User represented as Director of OGWR Dash.	Bridgend SMAT user involvement process.
Newsletter at Inroads.	Inroads – ‘provisions tin’ for the homeless.
Bridgend LHB – proactive tracking of data and following up of issues (example of 500 dihydrocodeine).	CAMHS Tonteg. Pharmacists are very supportive to young people prescribed methadone – extra vigilance.
Many Tier 2 services offer good range of recommended social /psycho interventions, e.g. OGWR, Inroads, DrugAid.	WGCADA Swansea. Clients praised this service, staff very motivated, good outcomes, ex clients working as staff and volunteers.
WGCADA Swansea. All Blood Bourne Virus education and treatment. Transport clients to GP appointments and hospital appointments. Will visit clients in hospital.	WGCADA Bridgend – Broad spread of services provides excellent choice for service user.
TEDS – co-locations of services.	TEDS – good focus on family.
WGCADA – using the Drug and Alcohol National Occupational Standards (DANOS) to shape job descriptions.	

<b>Dyfed Powys</b>	
Well organised system for Tier 3 in Pembrokeshire, Ceredigion & Carmarthenshire using local GPwSI and central consultant – funding provided by LHBs.	WSSMS – Good mix of staff disciplines/expertise.

<b>Gwent</b>	
Include Turnaround - Psychological Cognitive Behavioural Therapy approaches used and evaluated excellent outcome measures.	Service users part of interview panel for new staff – Gwent Specialist Substance Misuse Services.
Newsletter given to clients – Kaleidoscope.	Include Turnaround – excellent education programme offered.
Newport LHB head of medicines management – used the local police drugs officer to deliver security training to community pharmacists, e.g. working with clients in consultation rooms.	Self help manual – Kaleidoscope.



### The Scope and Approach

The Minister for Social Justice and Local Government commissioned Healthcare Inspectorate Wales (HIW) to develop and implement a programme of thematic reviews of substance misuse treatment services that assesses the adequacy and quality of services provided across Wales. This programme of thematic reviews is being undertaken between 2008 and 2013 and will look at the different aspects of services for the treatment and management of substance misuse including commissioning.

The focus of this first year review has been to develop a clear picture of the level of service provision and commissioning across Wales to help inform the focus of the review programme over the coming years. In addition we aimed to evaluate:

**‘How well treatment that involves the prescribing of opiate substitute drugs within substance misuse services is commissioned and provided.’**

This review of prescribing services encompassed waiting times, the evaluation of referral pathways for prescribing and the service user journey across Tier 2 and 3 services<sup>12</sup>. The review included:

- Harm reduction services and programmes designed to reduce the harm associated with the use of illicit drugs.
- GP prescribing.
- Outreach services aimed at identifying those in need of treatment and support and engaging them in services.

The review also assessed and evaluated:

- Treatment outcomes and assessment processes.
- The evidence base of services.
- The performance and efficiency of services.
- Waiting times.
- GP prescribing patterns.
- Service prioritisation and commissioning processes – to include contract/SLA monitoring and management arrangements.
- Barriers to accessing treatment (including barriers relating to physical disability).
- The engagement of services users in planning and design of services.
- The provision of accurate and up to date information to service users and the public.
- Causes of drop out.
- Availability of treatment options across all areas of Wales.
- Availability of psychosocial interventions and psychological therapies to motivate, engage and retain substance misusers in treatment.
- Provision of substitute opiate prescribing and supervised consumption.
- Provision of prescribed reduction regimes.
- Keyworking to increase client appropriateness for prescribed reduction regimes.
- Access to inpatient detoxification and residential rehabilitation.

The review, which commenced in October 2007, involved a number of stages:

- **Stage 1** - We consulted with service providers and commissioners through regional workshops in May 2008 in order to introduce the review, explain the scope/methodology and receive feedback, concerns and comments on the outlined process.

---

<sup>12</sup> Prison prescribing services was not included within the 2008/09 review as the Welsh Assembly Government is developing a Substance Misuse Treatment Framework module for prisons. This will be considered as part of the later stages of the review programme.

- **Stage 2** – Commissioning partnerships and Provider organisations were requested to complete a bespoke on-line Self-Assessment Tool (SAT). This SAT allowed all interested parties to answer set questions against the broad themes of service user experience, clinical outcomes, governance and public health and upload documentary evidence to support responses.
- **Stage 3** – A desktop analysis of the self-assessment submissions was undertaken. We tested and validated the self-assessment submissions using a team of peer reviewers who were selected for their expertise in the field of substance misuse. This involved checking that the questions within the self-assessment tool were appropriately answered and supported by sufficient and relevant evidence and identifying any areas of notable practice and issues for further investigation.

During Stage 3 we also developed and distributed posters to all substance misuse service providers explaining to service users about the review and how they could feed their views into it. A questionnaire was also developed for service users to capture their views on all aspects of substance misuse services. Information regarding the 2008/09 review scope and methodology was made available on the HIW website.

- **Stage 4** – Site visits (fieldwork) to organisations were undertaken to test the validity of the desktop analysis and probe further in relation to the scope of the review. This involved visits to all service providers and commissioners across Wales, interviews with staff and service users, focus groups and meetings with other key people such as members of the local police forces and local authority personnel.



### Detailed Provision of Substance Misuse Services in Wales

A mapping exercise was undertaken to determine the provision of substance misuse services across Wales and the details listed below were correct at the time of the review.

There are 38 separate service provider organisations, 7 of whom are NHS Trusts with the remainder being from the independent/voluntary sector. The services provided are split into 4 tiers where each tier indicates the level of treatment provided:

- **Tier 1** – This level mainly involves interventions from general healthcare and other services that are not specialist drugs services, for example hospital A&E departments, pharmacies, GPs, antenatal wards and social care agencies. Tier 1 services offer facilities such as information and advice, screening for drug misuse and referral to specialist drugs services.
- **Tier 2** – This is open-access drug treatment (such as drop-in services) that does not need to be care planned activity, however a basic care plan is viewed as good practice. Tier 2 covers things like triage assessment, advice and information and harm reduction. Usually delivered by drug services, however can be delivered by a number of different sorts of providers, for example pharmacies and GP practices.

- **Tier 3** – This is structured drug treatment in the community, undertaken as part of a care plan (a care planned approach is a requirement of structured treatment provision). Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are always Tier 3. Advice, information and harm reduction can also be delivered within this tier as an adjunct to specific structured programmes.
- **Tier 4** – This is residential drug treatment – inpatient treatment and residential rehabilitation, in addition to other interventions such as specialist liver units. Treatment should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community. Local pathways therefore are needed to ensure appropriate support is provided, often by referral back into tier 2 or 3 provision.

The following tables details service provision within Wales:

## South Wales

Provider (inc branches)	CSP's	Services Provided
Cardiff and Vale NHS Trust: <ul style="list-style-type: none"> <li>• Cardiff (x2)</li> <li>• Barry</li> </ul>	Cardiff Vale of Glamorgan	<p><u>Tier 3</u></p> <ul style="list-style-type: none"> <li>• Adult community drug &amp; alcohol treatment including stabilisation, and maintenance using substitute medication, and community stabilisation and detoxification for alcohol users.</li> <li>• Dual Diagnosis for substance using clients that have a co-occurring mental health diagnosis.</li> <li>• Needle exchange.</li> </ul> <p><u>Tier 4</u></p> <ul style="list-style-type: none"> <li>• Inpatient detoxification treatment.</li> </ul> <p><u>Tier 3</u></p> <ul style="list-style-type: none"> <li>• Structured day programme.</li> </ul>

Provider (inc branches)	CSP's	Services Provided
Abertawe Bro Morgannwg University NHS Trust: <ul style="list-style-type: none"> <li>• Swansea (x2)</li> <li>• Bridgend</li> <li>• Port Talbot</li> </ul>	Swansea Bridgend Neath Port Talbot	<u>Tier 3</u> <ul style="list-style-type: none"> <li>• Adult community drug &amp; alcohol treatment including stabilisation, and maintenance using substitute medication, and community stabilisation and detoxification for alcohol users.</li> <li>• Dual Diagnosis for substance using clients that have a co-occurring mental health diagnosis.</li> <li>• Needle exchange.</li> <li>• Relapse prevention</li> <li>• Pharmacy Liaison</li> </ul> <u>Tier 4</u> <ul style="list-style-type: none"> <li>• Inpatient detoxification treatment.</li> </ul>
Cwm Taff NHS Trust: <ul style="list-style-type: none"> <li>• Llwynypia</li> <li>• Mountain Ash</li> <li>• Pontypridd</li> <li>• Merthyr Tydfil</li> </ul>	Rhondda Cynon Taff Merthyr Tydfil	<u>Tier 3</u> <ul style="list-style-type: none"> <li>• Adult community drug &amp; alcohol treatment including stabilisation, and maintenance using substitute medication, and community stabilisation and detoxification for alcohol users.</li> <li>• Dual Diagnosis for substance using clients that have a co-occurring mental health diagnosis.</li> <li>• Needle exchange.</li> </ul>
Children & Adolescent Mental Health Services (CAMHS) (part of Cwm Taff NHS Trust): <ul style="list-style-type: none"> <li>• Pontypridd</li> </ul>	Cardiff Vale of Glamorgan Bridgend Merthyr Tydfil Rhondda Cynon Taff	<ul style="list-style-type: none"> <li>• General CAMHS assessment.</li> <li>• Specialist substance misuse risk assessment.</li> <li>• Clinical Treatment for young people up to the age of 18.</li> </ul>

Provider (inc branches)	CSP's	Services Provided
Cardiff Community Drug & Alcohol Team: <ul style="list-style-type: none"> <li>• Cardiff</li> </ul>	Cardiff Vale of Glamorgan	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Family services development project.</li> <li>• Option 2 – Intensive family support.</li> <li>• STIR Project (Criminal Justice Alcohol Project) – Intensive support to people with alcohol problems.</li> <li>• Counselling and support services in partnership with the NHS Trust.</li> </ul>
Salvation Army: <ul style="list-style-type: none"> <li>• Cardiff</li> </ul>	Cardiff	<u>Tiers 3 &amp; 4</u> <ul style="list-style-type: none"> <li>• Centre for homeless with addictions.</li> <li>• The service undertakes preparation with clients, delivers detoxification in partnership with the NHS Trust, and then supports clients following detox with therapeutic aftercare.</li> </ul>
Drugaid: <ul style="list-style-type: none"> <li>• Merthyr Tydfil</li> <li>• Pontypridd</li> </ul>	Merthyr Rhondda Cynon Taff	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Needle Exchange.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Outreach.</li> <li>• Complimentary Therapies.</li> </ul>

Provider (inc branches)	CSP's	Services Provided
Swansea Drugs Project: <ul style="list-style-type: none"> <li>• Swansea</li> </ul>	Swansea	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Needle Exchange.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Outreach.</li> <li>• Complimentary Therapies.</li> </ul>
Crime Reduction Initiatives (CRI): <ul style="list-style-type: none"> <li>• Cardiff</li> </ul>	Cardiff	<u>Tier 2</u> <ul style="list-style-type: none"> <li>• Drug Intervention Programme (DIP):               <ul style="list-style-type: none"> <li>• Care co-ordination.</li> <li>• Case management, advice and guidance for clients involved in the criminal justice service.</li> </ul> </li> </ul>
Treatment and Education Drugs Service (TEDS): <ul style="list-style-type: none"> <li>• Aberdare</li> </ul>	Rhondda Cynon Taff Merthyr Tydfil	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Needle Exchange.</li> <li>• Counselling.</li> <li>• Training.</li> <li>• Family support.</li> <li>• Home Detox &amp; rehab.</li> <li>• Progress2work employment support service.</li> </ul>

Provider (inc branches)	CSP's	Services Provided
Ogwr Dash: <ul style="list-style-type: none"> <li>• Bridgend</li> </ul>	Bridgend	<u>Tiers 2 &amp; 3.</u> <ul style="list-style-type: none"> <li>• Needle Exchange.</li> <li>• Counselling.</li> <li>• Support for family &amp; friends of drug &amp; alcohol users.</li> </ul>
Inroads: <ul style="list-style-type: none"> <li>• Cardiff</li> <li>• Barry</li> </ul>	Cardiff Vale of Glamorgan	<u>Tiers 2 &amp; 3.</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Needle Exchange.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Outreach.</li> <li>• Complimentary Therapies.</li> <li>• Crack Cocaine services.</li> </ul>
Pen-yr-Enfys : <ul style="list-style-type: none"> <li>• Vale of Glamorgan</li> <li>• Cardiff (x3)</li> </ul>	Cardiff	<u>Tiers 2 &amp; 3 (alcohol only)</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Counselling.</li> <li>• Outreach.</li> <li>• Complimentary Therapies.</li> <li>• Community detoxification support.</li> </ul>
Turning Point Cymru: <ul style="list-style-type: none"> <li>• Cardiff</li> </ul>	Cardiff Vale of Glamorgan	<ul style="list-style-type: none"> <li>• Helps drug/alcohol users at 1<sup>st</sup> point of contact with criminal justice system.</li> </ul>

Provider (inc branches)	CSP's	Services Provided
Wallich Clifford: <ul style="list-style-type: none"> <li>• Cardiff</li> </ul>	Bridgend Cardiff Swansea Neath Port Talbot	<ul style="list-style-type: none"> <li>• Provides accommodation/housing for drug &amp; alcohol clients who are homeless.</li> </ul>
West Glamorgan Council on Alcohol and Drug Abuse Ltd (WGCADA): <ul style="list-style-type: none"> <li>• Bridgend</li> <li>• Swansea</li> <li>• Neath (x2)</li> <li>• Port Talbot</li> </ul>	Swansea Neath Port Talbot Bridgend	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Needle Exchange.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Outreach.</li> <li>• Complimentary Therapies.</li> <li>• Arrest referral.</li> <li>• Anger management.</li> <li>• Domestic Violence.</li> <li>• Family Therapy.</li> </ul>
Primary Care Substance Abuse Liaison Team (PSALT): <ul style="list-style-type: none"> <li>• Swansea</li> </ul>	Swansea	<ul style="list-style-type: none"> <li>• Specialist GP-led prescribing, monitoring, and the provision of longer term management of substance misusers.</li> </ul>
Brynawel House: <ul style="list-style-type: none"> <li>• Pontyclun</li> </ul>	South Wales	<u>Tier 4</u> <ul style="list-style-type: none"> <li>• Alcohol specific residential rehabilitation unit.</li> </ul>

Provider (inc branches)	CSP's	Services Provided
Ashcroft House: <ul style="list-style-type: none"> <li>Cardiff</li> </ul>	South Wales	<u>Tier 4</u> <ul style="list-style-type: none"> <li>Residential treatment programmes.</li> <li>Counselling and therapeutic interventions.</li> <li>Life skills training.</li> </ul>

## Gwent

Provider (inc branches)	CSP's	Services Provided
Gwent Healthcare NHS Trust (Gwent Specialist Substance Misuse Service (GSSMS)): <ul style="list-style-type: none"> <li>Ebbw Vale (x2)</li> <li>Abergavenny (x2)</li> <li>Pontypool (x2)</li> <li>Cwmbran</li> <li>Ystrad Mynach</li> <li>Rhymney</li> <li>Newport</li> </ul>	Caerphilly Torfaen Blaenau Gwent Monmouthshire Newport.	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>Advice &amp; Information.</li> <li>Assessment &amp; Care Management.</li> <li>Care co-ordination.</li> <li>Counselling.</li> <li>Adult community drug &amp; alcohol treatment including stabilisation, and maintenance using substitute medication, and community stabilisation and detoxification for alcohol users.</li> <li>Dual Diagnosis for substance using clients that have a co-occurring mental health diagnosis.</li> <li>Provides services to clients with significant or complex needs, requiring significant consultant input such as pregnant drug users.</li> <li>Management and delivery of the Shared care drug service, in partnership with local General Practices.</li> </ul>

Provider (inc branches)	CSP's	Services Provided
GP Consortium: <ul style="list-style-type: none"> <li>• Pontypool</li> <li>• Newport</li> </ul>	Caerphilly Torfaen Blaenau Gwent Monmouthshire	<u>Tier 3</u> <ul style="list-style-type: none"> <li>• Adult community drug treatment including stabilisation, and maintenance using substitute medication, and community detoxification.</li> </ul>
Drugaid - Gwent Open Access Local Services (GOALS): <ul style="list-style-type: none"> <li>• Caerphilly</li> </ul>	Caerphilly Torfaen Blaenau Gwent Monmouthshire	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Relapse prevention.</li> <li>• Cognitive behaviour therapy.</li> <li>• Life skills.</li> <li>• Accommodation support.</li> <li>• Complimentary services and care management for alcohol home detox.</li> </ul>

Provider (inc branches)	CSP's	Services Provided
Kaleidoscope: <ul style="list-style-type: none"> <li>• Newport</li> </ul>	Newport	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Adult community drug treatment including stabilisation, and maintenance using substitute medication, and community detoxification.</li> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Relapse prevention.</li> <li>• Cognitive behaviour therapy.</li> <li>• Life skills.</li> <li>• Accommodation support.</li> </ul>
Include Turnaround: <ul style="list-style-type: none"> <li>• Caerphilly</li> </ul>	Caerphilly Torfaen Blaenau Gwent Monmouthshire Newport	<ul style="list-style-type: none"> <li>• Cognitive Behaviour Therapy.</li> <li>• Drug &amp; alcohol education.</li> </ul>
Gwent Alcohol Project (GAP): <ul style="list-style-type: none"> <li>• Newport</li> </ul>	Caerphilly Torfaen Blaenau Gwent Monmouthshire Newport	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Home alcohol detoxification.</li> <li>• Counselling for alcohol users.</li> <li>• Therapeutic interventions for alcohol users.</li> </ul>

## Dyfed Powys

Provider	CSP's	Services provided
Cyswllt Ceredigion Contact: <ul style="list-style-type: none"> <li>• Cardigan</li> <li>• Aberystwyth</li> </ul>	Ceredigion	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Relapse prevention.</li> <li>• Cognitive Behaviour Therapy.</li> </ul>
Rhoserchan: <ul style="list-style-type: none"> <li>• Aberystwyth</li> </ul>	All Wales	<u>Tier 4</u> <ul style="list-style-type: none"> <li>• Residential drug and alcohol rehabilitation.</li> </ul>
Prism: <ul style="list-style-type: none"> <li>• Carmarthen</li> <li>• Llanelli</li> <li>• Haverfordwest</li> </ul>	Carmarthenshire Ceredigion Pembrokeshire	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Relapse prevention.</li> <li>• Cognitive Behaviour Therapy.</li> <li>• Brief interventions.</li> <li>• Community detoxification support.</li> <li>• Substance misuse interventions within the Youth Offending Teams.</li> </ul>

Provider	CSP's	Services provided
Chooselife: <ul style="list-style-type: none"> <li>• Llanelli</li> </ul>	Carmarthenshire	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Relapse prevention.</li> <li>• Cognitive behaviour therapy.</li> <li>• Referral to tier 4 services.</li> </ul>
Hywel Dda NHS Trust: West Wales Substance Misuse Service (WWSMS): <ul style="list-style-type: none"> <li>• Carmarthen</li> <li>• Aberystwyth (x2)</li> <li>• Milford Haven</li> </ul>	Carmarthenshire Ceredigion Pembrokeshire	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Adult community drug &amp; alcohol treatment including stabilisation, and maintenance using substitute medication, and community stabilisation and detoxification for alcohol users.</li> <li>• Dual Diagnosis for substance using clients that have a co-occurring mental health diagnosis.</li> <li>• Provides services to clients with significant or complex needs, requiring significant consultant input such as pregnant drug users.</li> <li>• Management and delivery of the Shared care drug service, in partnership with local General Practices.</li> </ul>

<b>Provider</b>	<b>CSP's</b>	<b>Services provided</b>
Powys Drug and Alcohol Centres (PDAC): <ul style="list-style-type: none"> <li>• Newtown</li> <li>• Llandridnod Wells</li> <li>• Brecon</li> <li>• Ystradgynlais</li> </ul>	Powys	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Adult community drug &amp; alcohol treatment including stabilisation, and maintenance using substitute medication, and community stabilisation and detoxification for alcohol users.</li> </ul>
Local Authority Social Care Substance Misuse – Carmarthenshire: <ul style="list-style-type: none"> <li>• Llanelli</li> </ul>	Carmarthenshire	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling and support services in partnership with the NHS Trust.</li> </ul>
Local Authority Social Care Substance Misuse – Ceredigion: <ul style="list-style-type: none"> <li>• Aberaeron</li> </ul>	Ceredigion	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling and support services in partnership with the NHS Trust.</li> </ul>
Local Authority Social Care Substance Misuse – Pembrokeshire: <ul style="list-style-type: none"> <li>• Haverfordwest</li> </ul>	Pembrokeshire	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling and support services in partnership with the NHS Trust.</li> </ul>

## North Wales

Provider	CSP's	Services Provided
North Wales NHS Trust: <ul style="list-style-type: none"> <li>• Rhyl</li> <li>• Deeside</li> <li>• Wrexham (x2)</li> </ul>	Conway Denbighshire Flintshire Wrexham	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Adult community drug &amp; alcohol treatment including stabilisation, and maintenance using substitute medication, and community stabilisation and detoxification for alcohol users.</li> <li>• Dual Diagnosis for substance using clients that have a co-occurring mental health diagnosis.</li> <li>• Provides services to clients with significant or complex needs, requiring significant consultant input such as pregnant drug users.</li> <li>• Management and delivery of the Shared care drug service, in partnership with local General Practices.</li> </ul>

Provider	CSP's	Services Provided
North West Wales NHS Trust: <ul style="list-style-type: none"> <li>• Holyhead</li> <li>• Amlwch</li> <li>• Llangefni</li> <li>• Star</li> <li>• Bangor (x3)</li> <li>• Caernarfon (x2)</li> <li>• Pwllheli</li> <li>• Blaenau Ffestiniog</li> <li>• Bala</li> </ul>	Gwynedd Ynys Mon	<u>Tiers 2 &amp; 3</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> <li>• Counselling.</li> <li>• Adult community drug &amp; alcohol treatment including stabilisation, and maintenance using substitute medication, and community stabilisation and detoxification for alcohol users.</li> <li>• Dual Diagnosis for substance using clients that have a co-occurring mental health diagnosis.</li> <li>• Provides services to clients with significant or complex needs, requiring significant consultant input such as pregnant drug users.</li> <li>• Management and delivery of the Shared care drug service, in partnership with local General Practices.</li> <li>• Needle &amp; Syringe Service.</li> </ul>
CAIS: <ul style="list-style-type: none"> <li>• Wrexham</li> <li>• Bangor</li> <li>• Colwyn Bay</li> <li>• Llandudno</li> </ul>	Conway, Denbighshire, Flintshire, Wrexham (Tier 4), Gwynedd, Ynys Mon.	<u>Tier 2</u> <ul style="list-style-type: none"> <li>• Advice &amp; Information.</li> <li>• Assessment &amp; Care Management.</li> <li>• Care co-ordination.</li> </ul> <u>Tier 4</u> <ul style="list-style-type: none"> <li>• Residential detoxification and stabilisation services.</li> </ul>
Touchstones 12: <ul style="list-style-type: none"> <li>• Colwyn Bay</li> </ul>	Conway, Denbighshire, Flintshire, Wrexham, Gwynedd, Ynys Mon.	<u>Tier 4</u> <ul style="list-style-type: none"> <li>• Residential treatment services.</li> </ul>

Provider	CSP's	Services Provided
Canolfan Dewi Sant Centre: <ul style="list-style-type: none"><li data-bbox="188 357 309 394">• Rhyl</li></ul>		Drop-in resource for individuals living chaotic lifestyles.



## **Service User Involvement - All Wales & Regional Analysis**

### **General Information**

- The age of services users involved in commenting on the substance misuse service range from 14 to 75, of which 66% were male and 34% were female.
- Main substances reportedly used by substance misusers across Wales include alcohol, methadone, heroin, diazepam, crack cocaine, amphetamines and cannabis. Other substances reported regionally also include steroids, oianzapam, iodaine, smack, LSD and vallium.

### **How the service seeks views and opinions/Being able to tell the service about the quality of care you receive and that they will act on what you say when it is reasonable for them to do so.**

- 67% of service users across Wales were aware of the complaints and compliments process for their particular service and 74% of service users knew how to make a complaint or comment on the service they received. 83% of service users across Wales have complimented a member of staff in the service when they have been happy about the treatment they received. All service users stated that any complaints made are dealt with quickly with comments ranging from immediately to up to 2 weeks later and the majority of service users were satisfied with the way complaints are dealt with, however where service users have not been satisfied this has been in the main due to a lack of feedback provided to the service user on the complaint raised. The majority of service users stated they were supported by their key worker when wanting to make a complaint about their service, however 18% of service users across Wales did not feel comfortable about making a complaint due to generally not liking to complain or there is a fear it would impact upon their treatment/script.

Regionally the following percentage of service users was aware of the complaints and compliments process:

- North Wales 53%
- South Wales 71%
- Dyfed Powys 76%
- Gwent 78%

- The service seeks views through service user feedback questionnaires, suggestion boxes and informally via discussions with counsellors and key workers. However 41% of service users across Wales stated they have never been asked to comment on the quality of services received or on how the service could improve. Of those that have had an opportunity to comment on services, only 37% of service users were aware that something had changed as a result. Regionally the following percentage of service users have never been asked to comment on services:

- North Wales 48%
- South Wales 40%
- Dyfed Powys 34%
- Gwent 32%

- There are a number of service user groups set up across Wales with some working better than others, however most appear to be ad-hoc, unstructured and have no value for the service user. Only 39% of service users across Wales stated that their service have a user group that asks about the quality of services that it provides. Regionally the following percentage of service users stated the same about their user groups:

- North Wales 39%
- South Wales 41%
- Dyfed Powys 26%
- Gwent 38%

**Service takes into account views and experiences in the planning and delivery of treatment / Effective treatment and care within the service.**

- 91% of service users across Wales felt that their service meets their needs, with 58% of service users felt that their service met the needs of all drug users in their area. A range of comments were received by service users on what else is needed to be provided, such as:
  - “Not enough scope is shed on Alcohol related issues, i.e. combined with illicit usage and prescribed medications, 'Poly drug use'. The services appear too specific around specified drug use”
  - “Demand is greater than facilities can provide”
  - “Better mental health support, i.e. more and faster access to treatment”
  - “More diversionary activities and aftercare”.
  
- A range of controlled medications was stated as being offered for treatment where services can prescribe with examples given as Subutex, Diazepam and Methadone. However service users offered suggestions as to additions to their current service that should also be provided other than the prescribing of controlled drugs, these included the 12 step treatment; 1-1 counselling; diversionary activities; outreach, parenting sessions; Relapse prevention; personal development, exercise, meditation, reflexology, head massages, therapeutic art and sound i.e. music. Other comments from service users about treatments that should be on offer include more signposting when the service user leaves a treatment programme, a web site for users to inform parents and children, about the dangers and stigma of heroin use and more Clinical Counselling to look at Needle Exchange emotional root causes of the addictive behaviour and how this can be addressed.

- 72% of service users across Wales did not have trouble or knew of anyone else having trouble accessing their service, although some stated reasons of rurality issues linked to service locality and availability, panic attacks, anxiety and agoraphobia as possible reasons for difficulties encountered by some in accessing treatment.
  
- Only 94% of service users across Wales felt it was easy to access a pharmacy. Regionally the following percentage of service users agreed:
  - North Wales      97%
  - South Wales      97%
  - Dyfed Powys      91%
  - Gwent              91%
  
- Only 17% of service users across Wales have seen or are aware of the national recommendations for drug treatment services, such as the National Institute for Health and Clinical Excellence guidelines. Regionally the following percentage of service users have seen these recommendations:
  - North Wales      16%
  - South Wales      11%
  - Dyfed Powys      11%
  - Gwent              39%
  
- Across Wales 53% of service users have been offered a test for HIV, 60% offered a test for hepatitis B and 59% have been offered a test for hepatitis C. Where these tests have been offered nearly all service users stated having taken up the offer, with those who refused stating personal choice no to do so. Regionally the following percentage of service users have been offered the tests:

	<b>HIV</b>	<b>Hepatitis B</b>	<b>Hepatitis C</b>
North Wales	81%	84%	88%
South Wales	44%	54%	49%
Dyfed Powys	40%	45%	40%
Gwent	43%	57%	59%

**The premises where the services are delivered from.**

- 90% of service users across Wales thought that service delivery premises were comfortable with reasons noted as modern building, relaxed atmosphere, availability of refreshments, children play area, outside smoking area and friendly, helpful and knowledgeable staff. For those service users who identified that their service delivery premises were not comfortable the following reasons were noted: Lack of space within the waiting area, deteriorating décor, overcrowding, limited toilet facilities, poor heating and ventilation and interaction with other service users who appear intoxicated.
- 67% of service users across Wales thought that service delivery premises were easy to access with reasons stated as availability of disabled access, close car parking or premises being close to bus routes and good security operated doors.
- Confidentiality appears to be maintained within service premises with 75% of service users across Wales stating that they could not overhear discussions between staff and other service users and 92% of service users stated that they were happy that they were not overheard when with a member of staff. However examples were given to the contrary, such as:
  - “waiting area is by the treatment room and it is difficult not to overhear discussions due to the thin walls/door”
  - “the treatment room is also the staff office so phone calls come in while you're talking”

- “Sometimes you can overhear telephone conversations”
  - “Not intentionally people might be chatting over coffee or outside smoking”
  - “You can see people’s medication on the screen and hear conversations going on about other service users”.
- Confidentiality and privacy also appears to be maintained within pharmacies with 90% of service users feeling their confidentiality and privacy is respected within these settings. Only 66% of service users across Wales felt safe when using their service with reasons stated as service users attending services intoxicated and lack of general security. Regionally the following percentage of service users felt confidentiality and privacy maintained in pharmacies and felt safe with their service:

	<b>Pharmacy Confidentiality / Privacy</b>	<b>Feel Safe within the service</b>
North Wales	78%	66%
South Wales	97%	70%
Dyfed Powys	95%	65%
Gwent	81%	35%

**Your language and other communication and cultural needs being addressed.**

- 93% of service users across Wales felt that information about the service is available in a form that is useful and easy to get hold of and reflects language preference with 97% of service users stating they could understand the information that the service has given them. 90% of service users thought the information reflected the way the service actually works or how they were treated. However service users commented on further information about the service they would like to have but that is not currently available, such as:

- “Would like to have more information on Statistical data on how many addicts have achieved results and abstinence through using the service”
  - “List of all therapies and treatments available”
  - “Would like to have more information on the side effects of medication”
  - “More language forms for the ethnic minorities”.
- 85% of service users across Wales were informed of the range of services available to them through explanation given by the Key worker, service staff and counsellors and in some instances via induction or information packs that are available. 89% of service users were informed about what would happen at the service, with 75% of service users having discussed which services, such as other forms of treatments, i.e. counselling, were more suitable for them. Again this was usually discussed with the service users’ key worker or counsellor. Regionally the following was found:

	<b>Informed of Range of Services</b>	<b>Informed about what would happen</b>	<b>Discussed Suitable Treatment</b>
North Wales	81%	88%	73%
South Wales	83%	90%	80%
Dyfed Powys	94%	95%	82%
Gwent	91%	87%	81%

- Comments varied across Wales in relation to the frequency that service users discuss treatment options open to them from never and immediately on assessment to regularly at one-to-one meetings 94% of service users felt that they were listened to when deciding on their preferential service. Regionally the following percentage of service users felt they were listened to:

- North Wales            93%
- South Wales            97%
- Dyfed Powys           98%
- Gwent                    96%

**How you are involved in deciding what treatment you receive and that your rights are upheld.**

- 85% of service users across Wales knew what a care plan was with 72% of service users knowing they had a care plan in place. Of those service users who had a care plan 72% of service users discussed and agreed what went into their care plan, which was sometimes done in conjunction with a family member or a carer. Comments varied with respect to how long after starting treatment a care plan is agreed with a service user with comments ranging from immediately to up to 3 months later. In relation to how often these care plans are reviewed again comments from service users across Wales are wide ranging from last reviewed one week/two weeks ago to several months ago, in some instances a few service users stated their care plan has not been reviewed in years. Regionally the following was found:

	<b>Knew what a Care Plan was</b>	<b>Had a Care Plan in Place</b>	<b>Discussed and Agreed Content of Care Plan</b>
North Wales	85%	73%	72%
South Wales	78%	69%	73%
Dyfed Powys	91%	88%	90%
Gwent	96%	80%	57%

- 46% of service users across Wales have received training in Relapse Prevention and 42% have received training in what to do in the event of an overdose. Regionally the following was found:

	<b>Relapse Prevention Training</b>	<b>Overdose Training</b>
North Wales	40%	34%
South Wales	46%	41%
Dyfed Powys	59%	44%
Gwent	55%	57%

**Being treated with dignity and respect, your respect for service staff and that you are asked when the service wants to share information with others.**

- 95% of service users across Wales thought service staff treated them with dignity and respect, however 21% of service users did feel they have been disrespected by service staff, with examples given of:
  - “Pharmacy staff were disrespectful, serving other non substance user customers first”
  - “Heard staff talk about me and other clients to staff and customers”
  - “One staff member told an ex girlfriend’s mother I was on methadone”
  - “Being laughed at and looked down at after relapse”.

Regionally the following percentage of staff felt they have been disrespected by staff:

- North Wales            25%
- South Wales            24%
- Dyfed Powys            12%
- Gwent                    26%

- Almost all service users across Wales stated they feel they have treated service staff politely and with respect, however 28% of service users have observed other service users treating service staff badly. Examples include service users observed being abusive and disrespectful, swearing and in some instances using threatening behaviour. Regionally the following percentage of service users have observed the same disrespectful behaviour towards staff:
  - North Wales            19%
  - South Wales            31%
  - Dyfed Powys            22%
  - Gwent                    44%
  
- 89% of service users across Wales have been informed of the services' confidentiality policy and 53% of service users have been asked to sign something to give permission for information to be shared. However 9% of service users across Wales stated they were aware of service staff discussing with others information about them that they did not want them to. Examples noted include:
  - “a counsellor told social services I had drug users in my house and it was not true”
  - “Letter sent home (not sealed) for family to see”
  - “A member of staff within the service (who wasn't my key worker) talked to me in the town centre about my personal treatment programme”.

Regionally the following was found:

	<b>Confidentiality Policy</b>	<b>Gave Permission to Share Information</b>	<b>Information discussed without Permission</b>
North Wales	79%	47%	9%
South Wales	91%	58%	14%
Dyfed Powys	96%	48%	2%
Gwent	91%	60%	15%

### **Being treated fairly within the service (Section 7)**

- 95% of service users across Wales did not think that they have ever been treated unfairly by the service because of their age, race, gender, religion or sexuality. However where service users felt they had been treated unfairly by the service it was mainly due to their age or criminal record.

Regionally the following was found:

- North Wales 93%
- South Wales 98%
- Dyfed Powys 96%
- Gwent 86%

### **Clinical aspects of service delivery – Impressions (Section 8)**

- Across Wales service user impressions of key staff being experienced or trained enough to provide the best treatment to themselves and other service users was positive with the following thought to have enough appropriate training and experience:

- 95% of drug workers
- 84% of Nurse's
- 92% of pharmacists
- 93% of GP's
- 83% of Receptionists

A number of positive comments for staff within the service were noted, including:

- "They are very patient and caring for my needs"
  - "I feel they do their job to the best of their ability and are professional in every way"
  - "The workers within the substance misuse agency are all very well trained and knowledgeable"
  - "They don't judge you"
- Regionally, the following percentage of service users found the staff groups to have appropriate training and experience:

	<b>Drug Worker</b>	<b>Nurse</b>	<b>Pharmacist</b>	<b>GP</b>	<b>Receptionist</b>
North Wales	97%	88%	91%	94%	75%
South Wales	93%	70%	94%	93%	84%
Dyfed Powys	100%	89%	100%	88%	91%
Gwent	95%	95%	89%	95%	89%

There were some service users who felt that some staff groups did not have enough training and experience and the following comments have been noted:

- “The pharmacy staff and some receptionists are not as well informed”
- “Found nurses to be rude and impatient”
- “Doctors tend to judge you & think you should 'just stop”.
- “Receptionists at the doctors are just horrible”.

**Systems that are in place to make sure that you are safe within the service.**

- 77% of service users across Wales have been informed via posters or drug workers of any information regarding contaminated street drugs and 90% of service users who have been prescribed medication, have stated they have been advised of the dangers of alcohol and other drugs when combined with their medication. Regionally the following was found:

	<b>Informed of Contaminated Street Drugs</b>	<b>Informed of Dangers of Combined Medication</b>
North Wales	75%	92%
South Wales	78%	86%
Dyfed Powys	58%	95%
Gwent	91%	95%

**How services follow the national guidance on protecting vulnerable people.**

- Across Wales 79% of service users were asked about their children or those children they live with during their assessments. A further 64% of service users were asked whether they care for other adults who are not able to fully care for themselves, such as elderly relatives during their assessments. Regionally the following was found:

	<b>Discussed Dependents During Assessments</b>	<b>Discussed Adults Cared for During Assessments</b>
North Wales	71%	63%
South Wales	71%	60%
Dyfed Powys	94%	69%
Gwent	85%	65%

### **Safety and how things such as needles and syringes are managed.**

- 89% of service users across Wales have been informed about the correct disposal of sharps and 71% of service users have been provided with a container for carrying used needles. A further 87% of service users stated they were able to get clean needles and syringes easily. However the following comments have been noted:
  - “My key worker brings them as there aren't any Needle Exchanges round here”
  - “There is no way of obtaining clean injecting equipment on a Sunday due to dispensers being closed”
  - “The chemist in town makes you feel horrible going to ask for needles, so all the people I know don't go there now”.

Regionally the following was found:

	<b>Informed of Disposal of Sharps</b>	<b>Provided with Container for Used Needles</b>	<b>Access to Clean Needles &amp; Syringes</b>
North Wales	93%	75%	95%
South Wales	83%	69%	78%
Dyfed Powys	87%	55%	78%
Gwent	95%	80%	100%

- 92% of service users across Wales stated they were easily able to get used needles and syringes disposed of, however some service users have highlighted rural issues in respect of access to and disposal of needle and syringes at needle exchange services. A further 83% of service users stated that the safe storage of prescribed medication has been discussed with them. Regionally the following was found:

	<b>Needles &amp; Syringes Disposed of</b>	<b>Discussed Safe Storage of Prescribed Medication</b>
North Wales	97%	76%
South Wales	82%	84%
Dyfed Powys	78%	92%
Gwent	100%	94%

#### **Accurate and proper record keeping**

- Only 9% of service users across Wales have asked to look at or request a copy of the clinical records that the service keeps about them, however where service users have requested to look at their clinical records these have been shown to them promptly, although some service users have stated they were not aware they could request this information. Further only 26% of service users have ever been given a copy of a letter that the service has written to their GP or other agencies about them. Regionally the following was found:

	<b>Requested Copy of Clinical Records</b>	<b>Provided a Copy of Correspondence to GP, etc</b>
North Wales	9%	19%
South Wales	8%	28%
Dyfed Powys	3%	26%
Gwent	16%	47%

## Public Health

- 57% of service users across Wales are aware of campaigns promoting safer drug use, safe drinking or safer sex practices run by this service now or in the past. Majority of comments provided by service users were in relation to the mechanisms used such as a mobile van, leaflets, posters and a TV campaign, etc. However some examples of promotion campaigns were given, such as:
  - Drink Aware - various posters and leaflets offering advice on safety levels.
  - Printed matter relating to the physical and mental consequences of substance misuse.
  - Key workers push the facts that smoking is safer than injecting.
  - The importance of safe-sex and the use of condoms.

Regionally the following percentage of service users was aware of related public health campaigns:

- North Wales            53%
- South Wales            50%
- Dyfed Powys           60%
- Gwent                    70%

## Data analyses of GP Prescribing data and Drug related Deaths

### Section One – GP Prescribing data

#### Source data

Three datasets were sourced by Health Solutions Wales (HSW):

1. GP data relating to items issued for Substance Misuse during the Financial Year April 2006 to March 2007 including the following variables: *PrescriberName; PracticeCode; PrescriberCode; Street; Area; PostTown; DrugName; LHB NAME; Total number of items issued during FY 06/07;* (although no information available on 'size' or volume of each item).

The names of the drugs included in this dataset are:

#### **Alcohol related**

Acamprosate Calcium  
Disulfiram

#### **Opioids**

Methadone Hydrochloride  
Buprenorphine Hydrochloride  
Naltrexone Hydrochloride  
Lofexidine Hydrochloride

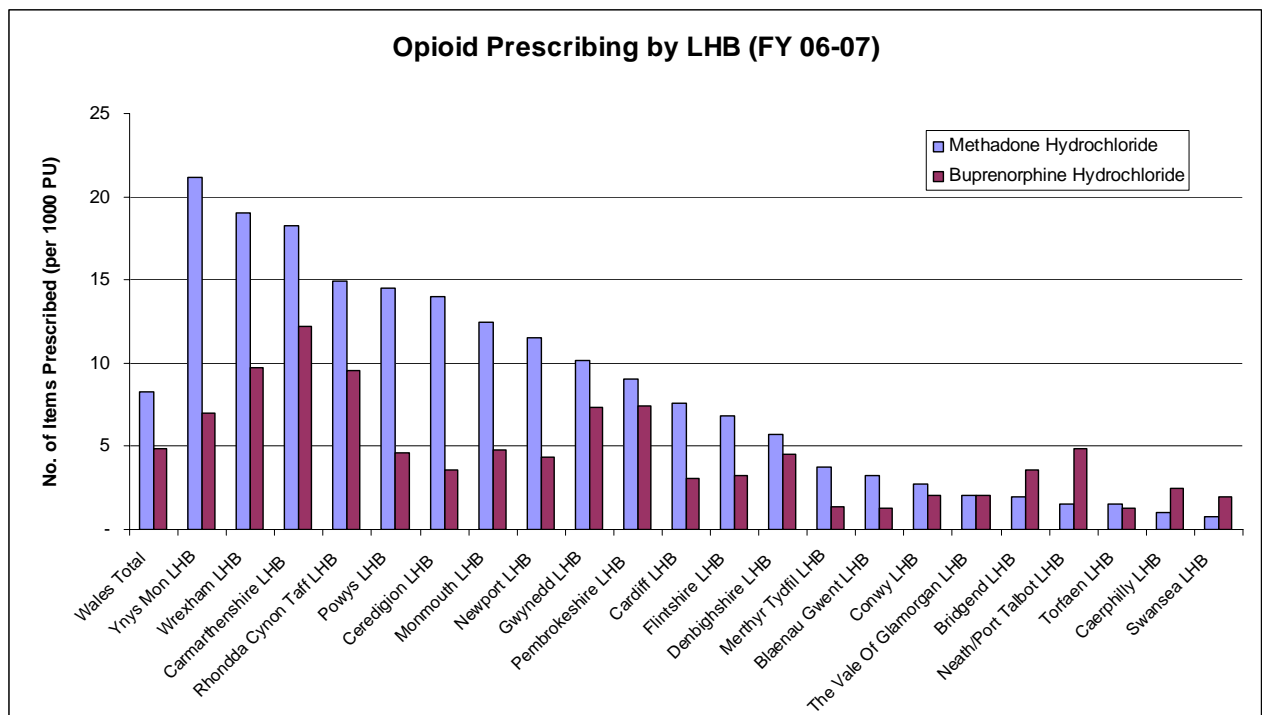
2. Prescribing for 3 opioids - Diamorphine, Buprenorphine (Subutex) and Methadone by Local Health Boards in Wales; net ingredient cost for each of last 6 financial years.

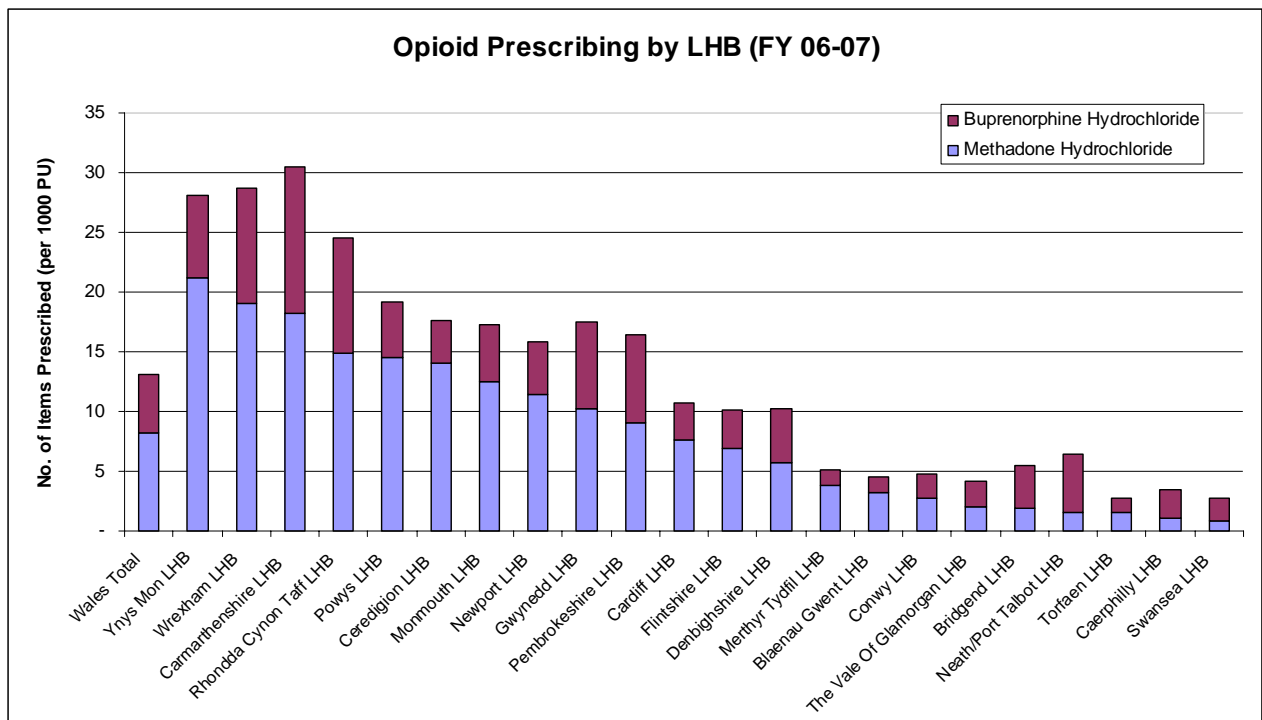
3. Number of patient units (PU) for each LHB in Wales (NB. not available for Trust areas). PU's are a commonly used denominator where the total number of PU's within a given area is simply the number of patients on a GP patient list but with OAP's (65+ yrs of age) counted three times due to their estimated demand on GP and other medical services compared to the rest of the population.

Method of Analysis

i) The first step was to total the number of items prescribed within each LHB for each key drug (dataset 1). Due to the varying size of population between LHB's and hence patient lists, the next logical step was to standardise the number of items. This was achieved through dividing by Patient Units (PU's) (dataset 3) and then multiplying by a thousand to make the numbers easier to analyse.

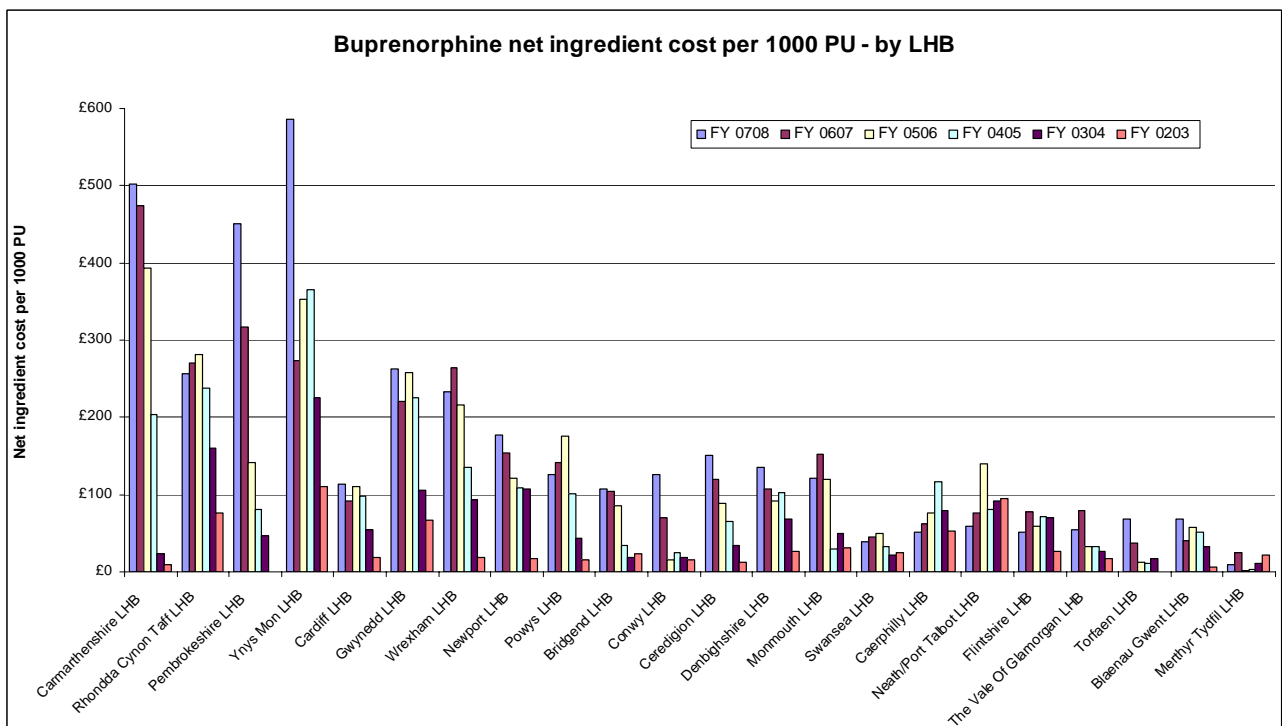
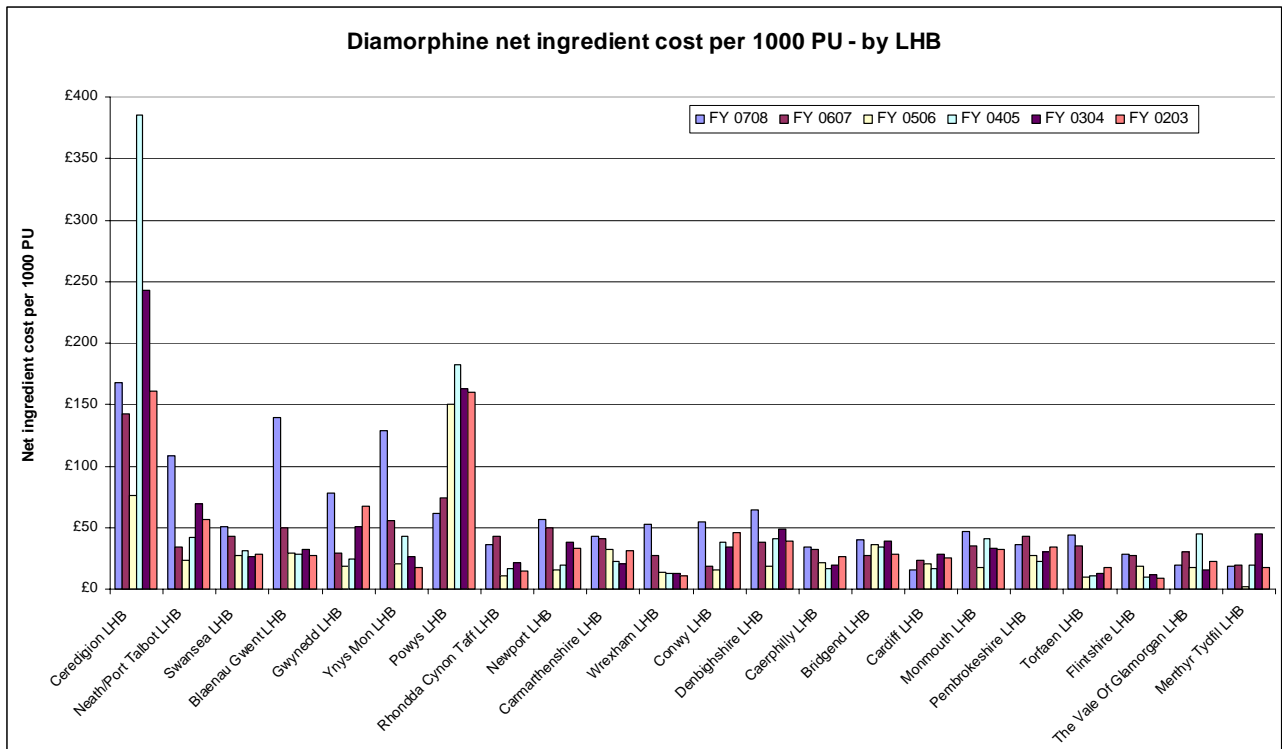
Graphical results of these analyses are shown below:

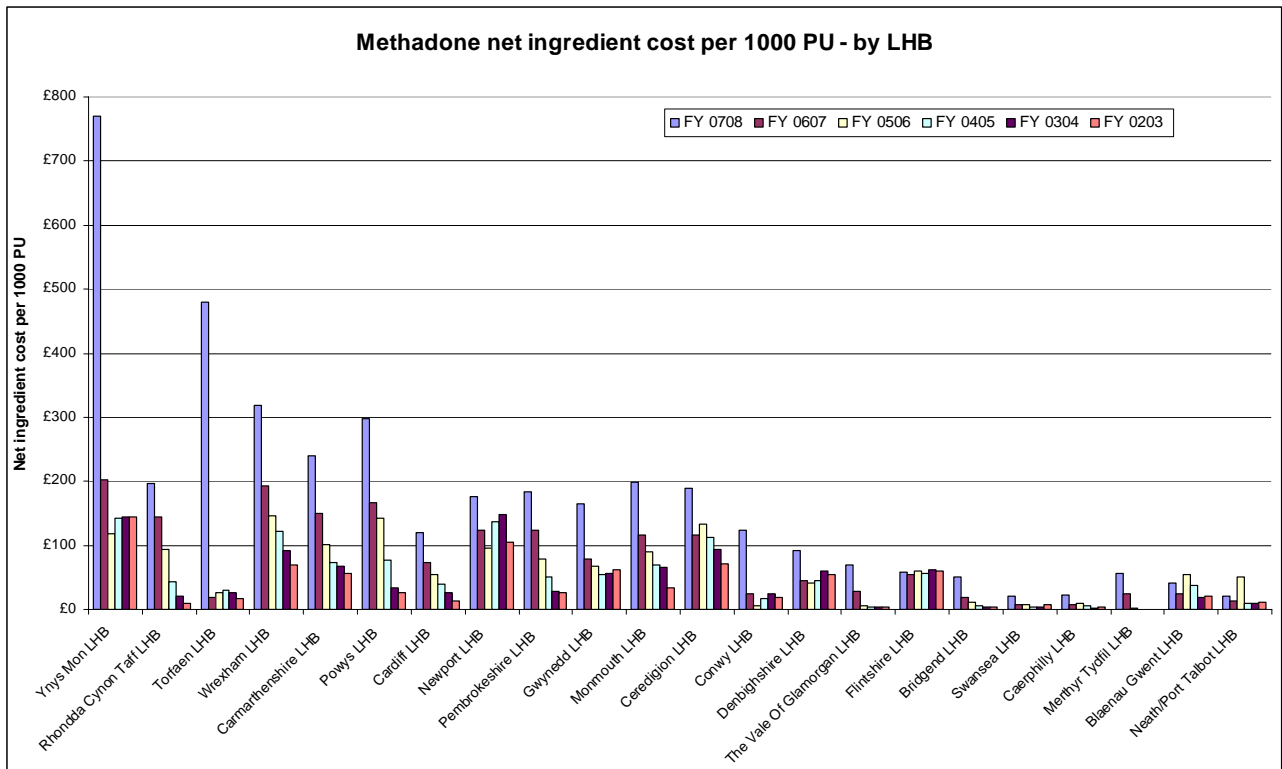




ii) Due to no information on the size of each item on each prescription, analysis was then carried out on the amount spent by each LHB on the net ingredient costs for the opioid drugs over several financial years (dataset 2). Again, the data was standardised among LHB's through dividing by Patient Units (PU's) (dataset 3) and then multiplying by a thousand to make the numbers easier to analyse.

Graphical results of these analyses are shown below:





### Further Analysis

For those highest spending/prescribing LHB areas, the practices with significantly higher spending/prescribing than other practices were focused in on. There wasn't a strict formula used but in general there was at least 30% difference between the spending of the highest and the remainder of practices within each LHB; in some cases the difference was many times more and therefore the highlighted practices had been driving the high figures for the LHB as a whole.

A spreadsheet was devised which highlighted those practices:

- a) with high spending / prescribing on more than one drug
- b) with particularly high spending within LHB
- c) with particularly high spending in Wales per 1000 PU

Due to disclosure issues the results aren't shown here but they were helpful in indicating to the review teams on which specific areas to focus the review.

### ***Section Two – Drug Related Deaths***

Following some reported drug-related deaths and links to the prescribed drug Methadone, analyses were carried out using published data sourced from:

- a. the Statistical Directorate within WAG, 'Drug Related Deaths in Wales', 1995 to 2004, including statistics such as "680 drug misuse deaths have been recorded in Wales from 1995 to 2004." And "during 1995 there were 56 drug misuse deaths and there was a small decline to 49 deaths in 1997 before rising and reaching a peak of 89 in 2002. Since then the numbers of deaths have fallen and in 2004 stood at 73."
- b. The Office for National Statistics (ONS), 'Drug-related poisoning deaths by LA in Wales for 1993-2007' and 'Illicit drugs-related poisoning for Wales in 2007'.

The datasets already published presented information either for named substances for Wales as a whole, or the total drug-related deaths within each LHB. After some negotiation with ONS some more detailed information was obtained and the following analysis produced:

Counts of deaths from drug-related poisoning<sup>1</sup> by substance and Unitary Authority in Wales<sup>2</sup>, 1993-2007<sup>3</sup>

	Heroin/Morphine			Methadone			Diazepam			All antidepressants			Paracetamol		
	93-97	98-02	03-07	93-97	98-02	03-07	93-97	98-02	03-07	93-97	98-02	03-07	93-97	98-02	03-07
Blaenau Gwent	*	7	10	3	*	*	*	*	*	3	4	*	*	9	*
Bridgend	*	3	9	*	*	*	*	*	*	7	7	4	10	10	7
Caerphilly	*	*	13	*	*	*	*	*	*	5	6	3	3	6	3
Cardiff	8	14	50	*	4	14	*	3	6	16	16	19	13	19	19
Carmarthenshire	*	10	7	5	5	3	3	5	10	7	8	8	8	14	8
Ceredigion	*	*	6	*	*	*	*	*	*	*	3	*	3	*	*
Conwy	*	14	15	4	*	*	*	*	*	13	6	10	10	12	6
Denbighshire	10	17	21	8	8	*	*	4	5	4	9	6	10	6	4
Flintshire	3	11	9	3	7	*	*	*	*	*	8	5	5	6	4
Gwynedd	*	9	10	*	6	3	*	*	3	4	8	8	6	10	5
Merthyr Tydfil	*	*	5	*	*	*	*	*	*	3	*	*	4	6	3
Monmouthshire	*	*	*	*	*	*	*	*	*	*	3	3	*	*	*
Neath Port Talbot	*	13	6	*	3	*	3	6	3	16	8	8	15	12	7
Newport	*	4	5	*	*	*	*	*	*	3	6	5	3	4	3
Pembrokeshire	*	*	4	*	*	*	*	*	*	4	5	*	*	3	*
Powys	*	5	4	*	*	*	*	*	*	3	*	*	5	4	4
Rhondda, Cynon, Taff	*	21	16	5	*	*	*	*	*	12	11	5	14	20	9
Swansea	*	20	31	13	7	15	8	10	18	12	16	12	13	17	24
The Vale of Glamorgan	3	3	5	3	*	*	*	*	3	4	5	6	7	9	4
Torfaen	*	3	3	*	*	*	*	*	*	7	*	3	*	6	3
Wrexham	8	19	14	10	3	*	*	3	*	*	5	11	9	3	6
Ynys Mon	*	10	7	5	3	*	*	*	*	*	5	*	5	7	5

\* Small numbers (those under 3) have been suppressed so as not to show potentially identifiable data.



### Glossary of Terms

**A&E** - Accident and Emergency.

**Accountability** - Responsibility, in the sense of being called to account for something.

**Action plan** - An agreed plan of action and timetable that makes improvements to services, following a clinical governance review.

**Acute - care / trust / hospital** - Acute means short term (as opposed to chronic, which means long term). Acute care is the term used for medical and surgical treatment involving doctors and other medical staff in a hospital setting. Acute hospital – provides surgery, investigations, operations, and other serious treatments, usually in a hospital setting.

**Appraisal** - An assessment of the extent to which a person's performance meets the standards or objectives required of his/her post.

**Audit** - A review that establishes how well a service meets pre determined standards or criteria.

**Benchmarking** - A process of comparison with similar groups to see how local practice matches that in similar practice elsewhere.

**Blood Borne Virus (BBV)** - BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others.

**Care pathway** - Most simply this is seen as a description of the journey taken (or intended to be taken) through clinical service. Some have defined it as a defined set of treatment and care steps designed to meet the particular need of each service user.

**Care Plan** - After someone has had an assessment, a care plan should be put in writing that outlines the services the person is deemed to need and how these are going to be catered for, and by whom.

**Carers** - People who look after their relatives and friends for no pay, often in place of a nurse.

**Child and Adolescent Mental Health Services (CAMHS)** - A team of people from different professions who offer a variety of therapies to help young people who are experiencing mental health problems.

**Clinical** - Clinical means any treatment provided by a healthcare professional. This will include doctors, nurses, therapists etc. Non clinical is management, administration, catering, porting etc.

**Clinical audit** - The continual evaluation and measurement by health professionals of how far they are meeting standards that have been set for their service. Standards can be set by health professional's themselves or others. Successful clinical audit also involves changing practice to meet the standards.

**Clinical effectiveness** - For individuals, this means the degree to which a treatment achieves the health improvement for a patient that it is designed to achieve. For whole organisations it means the degree to which the organisation is ensuring 'best practice' is used whenever possible and that clinical outcomes match appropriate benchmarks.

**Clinical governance** - Refers to the quality of healthcare offered within an organisation. The Welsh Office document "*Quality Care and Clinical Excellence*" (1999) defines clinical governance as: "A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish". It's about making sure that the health service provides patients with high quality and high standards of care.

**Clinical governance review** - A review of the policies, systems and processes used by an organisation to deliver high quality healthcare to patients. The review looks at the way these policies work in practice (a health check for a health organisation).

**Clinical governance review report** - An objective description of the policies in place and how they work to ensure good quality patient care. The purpose is to identify areas for improvement and to encourage the spread of good ideas. It does not cast judgement on members of staff, and does not classify the quality of care provided.

**Clinical incident** - An incident which occurs in a hospital or in the community where actual or potential harm may have been experienced by patients or the public.

**Clinical information** - Information about treatments given to a patient by a health professional. Could also mean information collected by an organisation about clinical practice (of individuals or teams).

**Clinical outcome** - The impact of a treatment on the health or well being of an individual.

**Clinical practice** - Methods of delivering healthcare.

**Clinical risk** - Risks associated with various health care treatments.

**Clinical risk management** - Understanding the various levels of risk attached to each form of treatment and systematically taking steps to ensure that risks are minimised.

**Clinical Supervision** - A formal process of professional support and learning which enables individual practitioners to develop practice and enhance patient protection and safety of care in complex clinical situations.

**Clinician / clinical staff** - A fully trained health professional – doctor, nurse, therapist, technician etc.

**Commissioning** - The process of identifying local substance misuse needs, drawing up plans with strategic partners to meet those needs, identifying appropriate services and making agreements with service providers to ensure that services are delivered.

**Community Safety Division (CSD), Welsh Assembly Government** - Responsible for taking forward the Assembly Government's agenda for creating safer communities.

**Community Safety Partnership (CSP)** - Community Safety Partnerships are groups of local organisations working together to reduce crime and substance misuse. They are responsible for commissioning substance misuse services throughout Wales.

**Continuing Care** - NHS funded care within the independent sector for people who do not require care in an NHS hospital but who nevertheless require a high degree of ongoing health care.

**Continuing Professional Development (CPD)** - A continuing learning process that complements formal undergraduate and postgraduate education and training.

**Criminal Records Bureau (CRB)** - The CRB help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society.

**Data protection** - A requirement upon public bodies to act responsibly in managing personal data. Such responsibilities are covered by the 1984 Data Protection Act and the 1990 Computer Misuse Act and includes eight principles to safeguard data held on individuals.

**DATIX** - A computer-based tool used to record complaints and incidents.

**Delayed Transfers of Care** - A delayed transfer of care is experienced by an inpatient in a hospital who is ready to move on to the next stage of care but is prevented from doing so for one or more reason. The "next stage of care" covers all appropriate destinations within and outside the NHS, i.e. thus patients who are unable to be discharged from NHS care and also patients who are unable to be transferred within the NHS to a more appropriate bed.

**Domiciliary Care** - Also known as home care is a range of care services you can receive in your own home, to help you cope with a disability or illness.

**Dual Diagnosis** - Refers to people diagnosed with mental health problems, who also use illicit drugs or alcohol.

**Emergency admissions** - An unplanned admission to hospital as a result of an emergency such as an accident or a sudden illness. This is usually through A&E department or through a GP organising an immediate admission.

**Evidence based clinical guidelines** - Guidelines drawn up to assist clinician/patient decisions in specific clinical circumstances that have been produced from a sound research base.

**Evidence based practice** - A series of practices and disciplines in clinical fields in which clinical based upon the best available evidence in establishing common practice. These practices include asking the most appropriate question for a particular patient, searching for evidence to answer the question, critically appraising the evidence to make sure that it applies to the patient in question, applying it and auditing success. The application of clinical guidelines is also encompassed by this term.

**General practitioner (GP)** - A family doctor.

**General Practitioner with Special Interest (GPwSI)** - A practising GP who, in addition to their generalist role, provide specialist services to meet the needs of patients in primary and secondary care organisations.

**Governance** - Assessment, control, monitoring.

**Health, Social Care and Well Being Strategy** - The Welsh Assembly Government has placed a statutory responsibility on Local Authorities and Local Health Boards (the Strategic Partnership) to develop Health, Social Care and Well Being Strategies which will identify and address the factors affecting the health and well-being of the local community.

**Home Office** - The lead British government department for immigration and passports, drugs policy, counter-terrorism, police, and science and research.

**Information management and technology (IM&T)** - A term that encompasses the way an organisation manages its information using technology.

**Incident reporting system** - A system which requires clinical staff to report all matters relating to patient care where there has been a special problem.

**Incidents** - Something which has happened that is out of the ordinary which may be harmful to patients.

**Informing Healthcare** - An information strategy commissioned by the Welsh Assembly Government to contribute directly to the achievement of 'Improving Health in Wales'. The strategy involves work in a series of areas, all under the responsibility of a Strategic Implementation Programme (the 'Programme') and Board.

**Inpatient** - A patient who stays overnight in hospital.

**Integrated care pathway** - See care pathway above.

**Local Health Board (LHB)** - Replacing Local Health Groups and Health Authorities, LHBs were established in 2003 as statutory bodies, each with its own Board and management team. The prime function of the LHB is to implement strategies, concerned with will: improve the health of the local population, corporate and clinical governance, securing and providing primary and community health care services, securing secondary care services, improving the health of communities, partnership, public engagement and provision of services.

**Long Stay Hospital/Resettlement Services** - These are services to provide treatment to people on a long-term basis. In these hospitals, many of the services are located in outbuildings called villas. Many Long Stay Hospitals are being closed down and in preparation individuals will have a resettlement plan. Individuals within these establishments will be given opportunity to access the community on a regular basis and have a good range of day activities to provide a structured day.

**Multidisciplinary Team** - A group of people who are from different professional backgrounds.

**National indicators** - Statistics recorded by the Department of Health (DOH) on a range of specific treatments to allow comparison and measurement of NHS organisations.

**National Institute for Health and Clinical Excellence (NICE)** - A special health authority producing guidance for the NHS and patients on medicines, medical equipment and clinical procedures.

**National Patient Safety Agency (NPSA)** - A Special Health Authority created in July 2001 to co-ordinate the reporting and learning from mistakes and problems that affect patient safety.

**National Service Framework (NSF)** - Guidelines and standards on how to manage and treat specific types of disease and illness.

**NHS Trust** - A self-governing body in the NHS, which provides health care services. They employ a full range of health care professionals including doctors, nurses, dieticians, therapists etc.

**Non Executive Director** - These play a central role in the corporate governance of the organisation, but do not hold an executive or management position within the organisation.

**Occupational Therapy** - The purposeful activity and meaningful occupation to help people with physical and/or mental health problems. It plays a key role in helping people overcome problems and gain confidence in themselves.

**Ombudsman** - The primary role of the Public Services Ombudsman for Wales is to investigate complaints made by members of the public about the way they have been treated by a public body.

**Opioid** - A chemical substance that has a morphine-like action in the body. The main use is for pain relief.

**Opiate** - A drug derived from the opium plant. The main opiates are morphine, codeine, heroin, thebaine, and papaverine.

**Out of Area** - There are instances when local services do not meet the needs of some people with learning disabilities and as a result services outside of the local area, often outside of Wales will be commissioned to meet that need. When this happens the service user concerned will have to physically move to where that service is provided.

**Outcomes of patient care** - The end result of a patient's treatment (can be interpreted widely or narrowly).

**Outpatient department** - A department that provides services for patients who do not stay overnight in hospital.

**Performance management** - The use of a review process (usually results delivered against objectives set) to assess how well a person, team or service is working.

**Performance monitoring** - A permanent, ongoing system which records how a particular service or procedure is carried out and how well it meets targets or standards.

**Primary care** - Family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and some social workers.

**Protection of Vulnerable Adults (POVA)** - is a scheme to act as a workforce ban on those professionals who have harmed vulnerable adults in their care. It adds an extra layer of protection to the pre-employment processes, including the Criminal Records Bureau checks, which already take place and stop known abusers from entering the care workforce.

**Rehabilitation Services** - The treatment of residual illness or disability which includes a whole range of therapies with the aim of increasing a patient's independence.

**Secondary care** - Specialist care, usually provided in hospital, after a referral from a GP or other health professional.

**Service and Financial Framework (SaFF)** - The agreements between the Welsh Assembly Government and NHS organisations that form part of the performance management arrangements between these bodies.

**Service Level Agreement (SLA)** - A service contract where the level of service is formally defined between a commissioner and a service provider.

**Stakeholders** - This is used to cover a whole range of people and organisations that are affected by, or have an interest in, the services offered by the organisation. It includes, for example, patients, carers, staff, unions, voluntary organisations, Community Health Councils, Local Authorities, primary care staff, Local Health Boards and NHS Trusts.

**Substance Misuse Action Team (SMAT)** - A subgroup of the CSP which is comprised of representatives from a wide range of organisations that aims to tackle drug and alcohol issues in their region.

**Substance Misuse Regional Advisory Team (SMART)** - Part of CSD and based on the four police authority areas in Wales. Their key functions are: a) Provision of advice and guidance to the CSPs and associated groups in Wales b) Implementation of the Assembly's Substance Misuse Policy.

**Transition** - Is when individuals move from one service to another. Sometimes this can also include moving from the responsibility of one authority to another such as moving from the educational services to NHS services.

**Trust Board** - A group of at least 12 people who are responsible for major strategy and policy decisions in each NHS trust. Typically comprises a lay chairman, five non executive members, the trust chief executive and directors.

**Welsh Assembly Government** - The devolved tier of government in Wales.

**Wales In-Depth Integrated Substance Misuse Assessment Toolkit (WIISMAT)** - An in-depth assessment tool, consistent with the Unified and Fair Assessment Process.



## **Appreciation**

HIW would like to thank all the organisations that commission and provide substance misuse services across Wales for their co-operation and assistance in undertaking this review. We would also like to thank all the staff, service users, pharmacists, GP's, police officers, NPHS, pharmaceutical inspectors and midwives that provided us with information and feedback as part of the review.