

MAT STANDARDS IMPLEMENTATION PLAN

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

(Integration Authority Area)
Orkney

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

Name	Position/Job Title
Lynda Bradford.	Head of Health and Community Care.




This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

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

(Summary of governance arrangements for local oversight)

The route for MAT progress would be through the ADP Strategy Group and thereafter the Joint Clinical and Care Governance Committee.

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

Name	Position	Delivery Partner	Date signed
Stephen Brown.	Chief Officer.	Orkney Health and Social Care Partnership.	 13.10.22.
Michael Dickson.	Interim Chief Executive.	NHS Orkney.	 13.10.22.
John Mundell.	Interim Chief Executive.	Orkney Islands Council.	 13.10.22.

MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.
Sept 2022 RAG status		
Actions/deliverables to implement standard 1		Timescales to complete
Our scale of service is such that only a weekly clinic is required. However, when patients are being titrated onto ORT patients are seen at other times also. We are therefore able to prescribe on the day to patients where it is safe to do so.		Completed/business as usual.
We will complete the full ORT prescribing guidelines to meet the statement above.		4 weeks.
With support from MIST we are in the process of initiating the collection of experiential data.		4 weeks.
With support from MIST and local IT support our system is going to be upgraded so that we can provide comprehensive patient data.		4 weeks.

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.
Sept 2022 RAG status		
Actions/deliverables to implement standard 2		Timescales to complete
We will complete the full ORT prescribing guidelines.		4 weeks.
We will set up process to complete experiential data.		TBC.
We will set up process with MIST support to provide comprehensive patient data.		TBC.
We do not have a Home Office licence for Buvidal due to our numbers being small. Our pharmacist has access to the hospital pharmacy where we are able to get Buvidal injections on a named patient basis. We have written prescribing Guidelines to support this.		Completed.

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.
Sept 2022 RAG status		
Actions/deliverables to implement standard 3		Timescales to complete
We will review our internal pathway between ED and ODAT.		3 months.
Within the non-fatal overdose pathway, SAS alert the ODAT patients admitted to Hospital with overdose. These referrals will be actioned within 72 hours.		With immediate effect.
We will set up similar pathways with police department and third sector organisations.		3 months.
We will set up process to complete experiential data.		4 weeks.
We will set up process with MIST support to provide comprehensive patient data.		4 weeks.

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.	
Sept 2022 RAG status		They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.	
Actions/deliverables to implement standard 4		Timescales to complete	
We will record offer of naloxone training and take-home naloxone will be added to our prescribing guidelines when complete.		4 weeks.	
We will review existing Information Sharing Protocols.		3-6 months.	

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.
Sept 2022 RAG status		
Actions/deliverables to implement standard 5		Timescales to complete
We will set up process to complete experiential data.		4 weeks.
We will set up process with MIST support to provide comprehensive patient data.		4 weeks.

MAT Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.
Sept 2022 RAG status		
Actions/deliverables to implement standard 6		Timescales to complete
We have been selected as a pilot for Trauma based care which will help progress access to addictions clinical psychology.		TBC.
There is limited recovery groupwork locally for follow on care and we will scope how we might improve this.		TBC.

MAT Standard 7	All people have the option of MAT shared with Primary Care.	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.
Sept 2022 RAG status		
Actions/deliverables to implement standard 7		Timescales to complete
The GPWSI will continue to work with Primary Care colleagues to develop further interaction. However, currently Primary Care are unable to offer a shared MAT service.		Ongoing.

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.
Sept 2022 RAG status		
Actions/deliverables to implement standard 8		Timescales to complete
Council and Health Board both commission independent advocacy services which includes specific reference to people receiving mental health services.		Completed/business as usual.
Support workers will assist patients' initial attendance to these appointments when required.		Completed/business as usual.

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.
Green 2022 RAG status		
Actions/deliverables to implement standard 9		Timescales to complete
The Drug and Alcohol Team as an integrated team within the Community Mental Health Team so all individuals referred for MAT have direct access to mental health care.		Completed/business as usual.

MAT Standard 10	All people receive trauma informed care.	<p>The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.</p> <p>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.</p>
Sept 2022 RAG status		
Actions/deliverables to implement standard 10		Timescales to complete
All members of the CMHT are trained in trauma informed care and deliver services that are trauma informed.		Completed/business as usual.
We have been selected as a pilot for Trauma based care which will help progress access to addictions clinical psychology.		TBC.