

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)
West Dunbartonshire HSCP

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

Name	Position/Job Title
Beth Culshaw	Chief Officer

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)

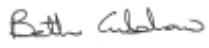

A GGC NHS Implementation Steering Group (ISG) has been established to ensure a co-ordinated approach to implementation, and to oversee development of an Implementation Plan to include strategic GGCNHS actions needed to implement the 10 standards, a financial framework, and progress monitoring requirements. The ISG is chaired by the Associate Medical Director for ADRS, and receives progress reports from each HSCP area. The GGCNHS MAT Substitute Prescribing Management Group (SPMG) and the GGCNHS Psychological Therapies Group. The ISG has developed a Risk Register to highlight the areas of risk which are shared across all areas and the mitigations in place.

West Dunbartonshire ADP have a MAT Standards Implementation Group consisting of all adult services operating across the

ADP. The group is responsible for implementation of the MAT Standards. The group is chaired by the local clinical lead for the MAT Standards. The implementation group feeds into the ADP governance structure. A detailed project plan and risk register has been developed to support local implementation of the MAT Standards.

The ADP reports into the IJB/HSCP and the West Dunbartonshire Public Protection Chief Officers Group. The ADP also reports into the Community Planning Partnership.

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

Name	Position	Delivery Partner	Date signed
 Beth Culshaw	Chief Officer	West Dunbartonshire HSCP	14.04.23
 Peter Hessett	Chief Executive	West Dunbartonshire Council	19.04.23
Mandy Ainslie	Acting Secretary	Dumbarton Rock Recovery	Dumbarton Rocks Recovery 20.04.23

MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.
April 2023 RAG status		
Actions/deliverables to implement standard 1		Timescales to complete
Review GGCNHS clinical guidance documentation to ensure it is accordance with MAT Standards 1 requirements, this will included a local SOP and Pathway		Complete
Complete a quality improvement charter		Complete
Undertake a test of change with appropriate pathways and procedures, and evaluation around same day access in Clydebank. Ensuring a coproduction approach is taken in accordance with PHS/Scottish Government requirements.		Complete
Implement same day access across West Dunbartonshire in accordance with PHS/Scottish Government requirements, this includes a drop in service		Complete
Ensure all partners review and implement documentation, policies and procedures, care plans and practice in accordance with process evidence submission to Public Health Scotland		Complete
Ensure all people are fully aware and informed of services and local supports, inclusive of families/nominated person with a welcome pack developed		ongoing
Ensure that a rights based advocacy is promoted at the start and throughout their journey		Complete
Update the referral pathway for same day access and advertise via online and leaflets		Complete
Recruitment of ANP and Pharmacy Prescriber to progress same day prescribing		Complete
Establish systems for the collection of numerical and experiential data to evaluate test of change		Complete

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 sideeffects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.
April 2023 RAG status		
Actions/deliverables to implement standard 2		Timescales to complete
Implement GG&C board wide Buvidal SOP – named patient		Completed
Ensure people are able to gain access to a range of MAT that is suitable to their needs, through their own choice		Complete
Ensure when people are making an informed choice on MAT, there is written communication making them aware of effects and side effects		Complete
Scale up the provision of long acting buprenorphine to all people receiving MAT through established Buvidal clinics		Complete & ongoing
Update service leaflets and welcome pack to outline medication choice, awaiting approved GG&C documentation		Progressing – April 2023
Continue to take direction from Health board MAT/SPMG group around all clinical guidelines and to include long acting injectable buprenorphine		Complete & ongoing
Ensure numerical and experiential evidence is in place to demonstrate progress via lived/living experience family members and staff members		Complete & ongoing
Secure Home office Licence to enable all formulations to be stored and prescribed within the ADRS		Progressing –

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.
April 2023 RAG status		
Actions/deliverables to implement standard 3		Timescales to complete
Develop an information sharing agreement and protocol to support implementation of MAT Standard 3		Complete
Continue to work with TPS and wider ADP`s for joint commissioned near fatal overdose/assertive outreach service jointly, ensuring continued evaluation		Complete & ongoing
Develop policies, processes, and protocols that assist the ADP to fully meet the requirements of MAT Standard 3		Complete
Develop an assertive outreach approach within communities (mobile unit) within areas disproportionately affected by drug harms and drug deaths.		Complete
Ensure sufficient process, numerical and experiential evidence is in place to demonstrate progress		Complete
Ensure all partners working with people with substance use have developed pathways to allow for quicker access to maintain treatment		Complete
Continue to deliver our Arrest Referral service ensuring anyone identified at risk of drug related harms are supported into engagement of treatment. Continue to evaluate the model of care being offered as subject to continued funding		Complete

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone. They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.
April 2023 RAG status		
Actions/deliverables to implement standard 4		Timescales to complete
Ensure all ADP partnership agencies incorporate harm reduction approaches within their practice with people and family members who are affected by substance use disorder		Complete
Ensure sufficient process, numerical and experiential evidence is in place to demonstrate progress		Complete
Enhance arrangements locally for provision of IEP equipment, for example shared care and third sector partners		Complete
Enhance Naloxone distribution within local ADRS teams and across communities through Peer Naloxone, community Addictions Service provision and wider partners. Also identify key people who will respond in suspected overdose situations including community links and families		Complete
Harm reduction mobile unit to be operational and routes to be evaluated through routine reviews		Complete
Ensure everyone has access to harm reduction information leaflets		Complete
Delivery of WAND within the harm reduction mobile unit		Complete

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	<p>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.</p> <p>Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.</p>
April 2023 RAG status		
Actions/deliverables to implement standard 5		Timescales to complete
Develop flexible models of care to retain people in treatment and develop a process when someone disengages.		Complete
Ensure sufficient process, numerical and experiential evidence is in place to demonstrate progress		Complete
Process developed to ensure effective transfer to 3 rd sector partners for continued support when individual ready to move on		Complete & ongoing
Update our SOP/Pathway to support individuals remaining in treatment for as long as requested		Complete
Applying outreach to those individuals who are struggling to remain in treatment		Complete & ongoing
Continue with RAG status		Complete & ongoing
ADRS Data analysis to review the planned/unplanned discharge rates and to ensure engagement opportunities are being followed up		Complete & ongoing

MAT Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.
April 2023 RAG status		
Actions/deliverables to implement standard 6		Timescales to complete
GG&C ADRS Psychological strategy therapy group developed a work plan to support the wider ADRS services and support delivery on its priorities around MAT 6 and 10		Complete & ongoing
Ensure commissioned services are fully supported to provide accredited Psychosocial interventions. Embedding in the practice supervision, reflective practice and coaching		April 2024
Ensure all relevant Addiction staff have access to training to allow them to deliver Psychological Therapy Strategies and Psychosocial interventions to provide a holistic approach		April 2024
Development of a constituted recovery community in Dumbarton		Complete
Recruitment of a full time CBT Therapist which allows us to increase the capacity to deliver PT at different levels of intensity, a matched stepped care model recommended by the MATRIX		Complete
Development of constituted recovery community in Clydebank		April 2024

Further develop family support group within West Dunbartonshire for families affected by Problematic substance use.	Complete
Ensure sufficient process, numerical and experiential evidence is in place to demonstrate progress	Complete
Development of a Lived/Living Experience Panel that supports implementation of MAT Standards and builds social support for people affected by substance use disorder	Complete
Develop a group work programme incorporating Psychosocial interventions and Psychological Therapies	April 2024

MAT Standard 7	All people have the option of MAT shared with Primary Care.	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.
April 2023 RAG status		
Actions/deliverables to implement standard 7		Timescales to complete
Establish a system that continues to offer people the option of MAT shared with primary care, we will continue to ensure safe transfer of care via shared care where deemed clinical suitable		April 2024
Explore and develop flexible models in partnership with primary care		April 2024
Work with primary care partners to raise awareness of the MAT standard at cluster and locality meetings		April 2024

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.
April 2023 RAG status		
Actions/deliverables to implement standard 8		Timescales to complete
Secure funding to dedicated substance use rights based service		Complete
Development of dedicated substance use rights based service		Complete
Utilise service referral information to identify system blockages and support system improvements		Complete
Conduct mapping of MAT Standards in GGC justice settings and initiate systems to implement MAT across local pathways that link prison police custody, and the community		April 2024
Ensure all partners working with people with substance use develop pathways, policies, practices that link prison, police custody, and the community in accordance with MAT Standard 8		April 2024
Ensure sufficient process, numerical and experiential evidence is in place to demonstrate progress		April 2024

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.
April 2023 RAG status		
Actions/deliverables to implement standard 9		Timescales to complete
Review of the current Mental health and addictions interface policy		April 2024
Continue to offer Mental Health assessments at point of service delivery undertaken by RMN`s		Complete
Recruitment of ANP to support implementation of MAT standards 9 (Mental health & Addictions Interface)		July 2023
Review of all local policies, procedures and pathways to ensure they are compliant with the implementation of Mat standard 9		April 2024
Development of thematic working group to support this standard		Complete
Facilitation of public health workshop to develop local approach to support the implementation of MAT 9		April 2024
Joint development sessions via ROSC events		May 2023 & ongoing

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>
April 2023 RAG status		
Actions/deliverables to implement standard 10		Timescales to complete
Ensure support and training for psychologically informed treatment and trauma informed care		April 2024
Development of an ADP workforce development plan to ensure all partner agencies deliver appropriate and accredited psychosocial interventions		April 2024
Develop system wide training for all ADP partner agencies		April 2024
Ensure sufficient process, numerical and experiential evidence is in place to demonstrate progress		April 2024
Update processes and assessment tools through a trauma lens		April 2024