

MAT STANDARDS IMPLEMENTATION PLAN

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

Western Isles Integration Joint Board

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

Name	Position/Job Title
Mike Hutchison	Associate Director of Mental Health & Learning Disabilities

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:

<p><i>(Summary of governance arrangements for local oversight)</i></p> <p>The Western Isles Integration Joint Board will receive quarterly update reports that have been scrutinised by the Integrated Corporate Management Team. The OHADP will receive the reports concurrently to identify any resources or extended partnership actions that are required.</p> <p>The OHADP committee includes a Lived Experience Member. A Service Level Agreement is being put in place with a funded Recovery Group to provide Lived Experience views on the Implementation Plans from January 2023 onwards.</p>

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

Name	Position	Delivery Partner	Date signed
Nick Fayers	Chief Officer	Integration Joint Board	25/11/2022
Gordon Jamieson	Chief Executive OHADP Chair	NHS Western Isles OHADP	30/09/2022
Malcolm Burr	Chief Executive	Comhairle nan Eilean Siar	21/11/2022

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 2022 RAG status		
Actions/deliverables to implement standard 1		Timescales to complete
<ul style="list-style-type: none"> Build capacity with support from MIST to ensure sufficient process, numerical and experiential evidence to demonstrate implementation of standard 1 		Test systems by Dec2022 Full implementation April 2023
<ul style="list-style-type: none"> Participate in the review being carried out by Mist on compliance in remote, rural and island communities with particular reference to 24hour target and 7day provision. 		April 2023
<ul style="list-style-type: none"> Complete Standard Operating Procedures that include guidance on initiating same day prescribing and referral pathways inclusive of justice settings. 		April 2023
<ul style="list-style-type: none"> Complete prescribing guidelines for opiate assisted therapy medication 		Dec 2022
<ul style="list-style-type: none"> Purchase and implement the Neo 360 database to record patient and clinical data 		Test systems by Dec2022 Full implementation April 2023
<ul style="list-style-type: none"> Build staffing capacity within the addictions team, including clinical consultation, clinical and management post and support worker posts 		Recruit to support worker posts by Dec 2022 Recruit to clinical posts April 2023

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.
April 2022 RAG status		
Actions/deliverables to implement standard 2		Timescales to complete
<ul style="list-style-type: none"> Complete local documentation based on NHS Highland Formulary 		Dec 2022
<ul style="list-style-type: none"> Utilise support from Mist to gather experiential data and build a sustainable method for maintenance of qualitative information 		Test systems by Dec2022 Full implementation April 2023
<ul style="list-style-type: none"> Adopt the clinical recording system being developed in partnership with Mist and extend to all service providers 		Test systems by Dec2022 Full implementation April 2023
<ul style="list-style-type: none"> Implement further test of change for MAT standards 2, 3 and 8 in justice settings across Western Isles and share learning 		Report on the first quality improvement cycle in December 2022, demonstrate partial or full implementation by April 2023

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 2022 RAG status		
Actions/deliverables to implement standard 3		Timescales to complete
<ul style="list-style-type: none"> Develop Standard Operating Procedures for the NFO arrangements with Scottish Ambulance Service 		Dec 2022
<ul style="list-style-type: none"> Create data recording systems for the Early Intervention Pathway 		April 2023
<ul style="list-style-type: none"> Identify data requirements from partners external to NHS and SAS identified in the Early Intervention Pathway and put necessary data sharing agreements in place 		April 2023
<ul style="list-style-type: none"> Evaluate the realistic timescales across all geographical areas and communities that allow identification and response within 24 hours 		April 2023
<ul style="list-style-type: none"> Purchase and implement the Neo 360 database to record patient and clinical data including prompt advice 		December 2022
<ul style="list-style-type: none"> Conduct mapping of the MAT standards in Western Isles justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community 		Report on the first quality improvement cycle in December 2022, demonstrate partial or full implementation by April 2023

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.
April 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
<ul style="list-style-type: none"> • Provide training on assessing injecting related risk and other associated harm 		April 2023
<ul style="list-style-type: none"> • Provide clinical space for assessment and treatment of injection-related wounds 		April 2023
<ul style="list-style-type: none"> • Purchase and implement the Neo 360 database to record patient and clinical data and prompt advice 		December 2022
<ul style="list-style-type: none"> • Prepare a plan to describe the process for accessing naloxone, injection equipment and blood-borne virus testing coinciding with MAT delivery 		April 2023

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.
April 2022 RAG status		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.
Actions/deliverables to implement standard 5		Timescales to complete
<ul style="list-style-type: none"> • Prepare guidelines and SOP's for shared care arrangements with Primary Care and GP Practices suitable for all island areas. This will include procedures for planned and unplanned disengagement from treatment 		April 2023
<ul style="list-style-type: none"> • Utilise support from Mist to gather experiential data and build a sustainable method for maintenance of qualitative information 		Test systems by Dec2022 Full implementation April 2023
<ul style="list-style-type: none"> • Adopt the clinical recording system being developed in partnership with Mist and extend to all service providers 		Test systems by Dec2022 Full implementation April 2023
<ul style="list-style-type: none"> • Continue to develop models to retain people in services for as long as they request by continued support of models 		April 2023

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 2022 RAG status		
Actions/deliverables to implement standard 6		Timescales to complete
<ul style="list-style-type: none"> • A Workforce Development Policy in place to ensure all staff working within MAT standards are adequately trained. 		April 2023
<ul style="list-style-type: none"> • Steering group established to oversee implementation and development of workforce plans. 		Dec 2022
<ul style="list-style-type: none"> • Clear pathways to be put in place for referral to Tier 3 & 4 therapies supported by a psychologist/CBT therapist specialising in addictions 		Sep 2023
<ul style="list-style-type: none"> • Trauma Informed training in place and offered across all relevant agencies. 		Dec 2022
<ul style="list-style-type: none"> • Develop annual workforce training programme to include MI, stigma, and Matrix (via SDF and NES). 		Dec 2022
<ul style="list-style-type: none"> • Develop pathways and promote links to recovery networks and services that provide mutual aid for individuals and their significant others. 		April 2023

<ul style="list-style-type: none"> Audit of services and caseload sizes that allow staff to routinely deliver structured psychosocial interventions 	April 2023
<ul style="list-style-type: none"> Utilise support from Mist to gather experiential data and build a sustainable method for maintenance of qualitative information 	Test systems by Dec2022 Full implementation April 2023

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 2022 RAG status		
Actions/deliverables to implement standard 7		Timescales to complete
<ul style="list-style-type: none"> • Prepare guidelines and SOP's for shared care arrangements with Primary Care and GP Practices suitable for all island areas. 		April 2023
<ul style="list-style-type: none"> • Clinical and information governance structures in place for primary care staff (GP's and Community Pharmacy) alongside specialist services. 		Sep 2023
<ul style="list-style-type: none"> • Provide training programme on awareness of problem drug use, treatment options and referral pathways 		June 2023
<ul style="list-style-type: none"> • Put in place a Primary Care Facilitation team to prepare audit, monitor, review and reporting practice in primary care setting 		April 2023

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 2022 RAG status		
Actions/deliverables to implement standard 8		Timescales to complete
<ul style="list-style-type: none"> • Resource specific advocacy services relating to housing within drug services 		Dec 2022
<ul style="list-style-type: none"> • Source independent advocacy service and provide training 		April 2023
<ul style="list-style-type: none"> • Prepare documented referral pathways for specialist housing, welfare and financial advice 		April 2023

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 2022 RAG status		
Actions/deliverables to implement standard 9		Timescales to complete
<ul style="list-style-type: none"> Develop a Western Isles wide Integrated Addiction service to include dual diagnosis. Co-location already established. 		September 2023
<ul style="list-style-type: none"> Ensure staff are appropriately trained and standard operating procedures in place to allow case management. 		September 2023
<ul style="list-style-type: none"> Agree contract for services of a Clinical Psychiatrist for clinical supervision 		April 2023

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 2022 RAG status		
Actions/deliverables to implement standard 10		Timescales to complete
<ul style="list-style-type: none"> • See MAT 6 for associated actions 		
<ul style="list-style-type: none"> • Ensure Trauma informed care influenced via liaison and training, overseen/provided by PTTC and involvement with Transforming Psychological Trauma Implementation Coordinators (TPTIC) 		April 2023
<ul style="list-style-type: none"> • Trauma informed care training from PTTC 		Dec 2022 and ongoing
<ul style="list-style-type: none"> • Clear signposting to OHPTS provided by GGC that provide mechanisms to maximise staff wellbeing and reduce the risk of secondary traumatisation, burnout and compassion fatigue 		Dec 2022
