# NHS GREATER GLASGOW PRIMARY CARE DIVISION

# ALCOHOL & DRUG DIRECTORATE

# ANNUAL REPORT

# APRIL 2003 - MARCH 2004


*Prepared by:*

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# ALCOHOL & DRUG DIRECTORATE

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# ALCOHOL & DRUG DIRECTORATE
# ANNUAL REPORT – 2003 : 2004

## FOREWORD

This year has seen significant changes in Addiction Services with Joint Futures Agenda. In keeping with Joint Futures Agenda, NHS Greater Glasgow along with Glasgow City Council and NHS Greater Glasgow Primary Care Division have developed a Glasgow Addiction Service, incorporating services currently provided by the Division and the Council.

The Partnership has seen the appointment of Iona Colvin to the post of Joint General Manager. It is proposed that a fully integrated management structure will be in place by June 2004.

These significant changes in the structure and provision of services for Addictions offers a challenge as well as an opportunity to provide comprehensive seamless services for Addiction problems.

**Scott Wylie**
**Clinical Director**

## 1 EXECUTIVE SUMMARY

In its eighth and final year, the Alcohol & Drug Directorate has made further progress in taking forward our key role in the development process for integrated addiction services, as laid out in Modernising Mental Health Services and Joint Futures.

Dr Pramod Jauhar stepped down as Clinical Director on 1 of October 2003. The Directorate would like to take this opportunity of thanking Dr Jauhar for his valuable contribution to the Directorate since its inception in 1995. Dr Scott Wylie was appointed at Acting Clinical Director. David Harley, General Manager, is thanked for his contribution to the Directorate Management Team over the preceding year. The Directorate welcomed Iona Colvin to the post of Joint General Manager in December 2003. Ms Colvin will manage the Joint Futures agenda for addiction.

Additional staffing in all areas, has allowed the Directorate to enhance and develop its core services and to lead innovative developments throughout Greater Glasgow.

This report includes a full description of our remit, the population we serve and treatments offered and service activity. We have had the advantage of offering all staff excellent training opportunities

Work has progressed towards defining the Tier 4 Model of Care. Staff continue to be appointed to Community Addiction Teams, which form part of Tier 3. Although we did envisage difficulties in recruiting staff to Community Addiction Teams, the migration and recruitment process has gone smoothly.

Building work on the Addiction Inpatient Unit continues at the expected rate with a completion date set for beginning of July 2004

It is expected that by April 2004 all Directorate staff will be incorporated into the Glasgow Addiction Service. There will be a period of transition, whilst Directorate staff continue to provide current alcohol and drug services until the new Joint Management structure is in place.

The inaugural meeting of the new services Clinical Governance forum met in March 2004. This was the culmination of a year long programme of joint meetings between the clinical governance bodies of Directorate the Glasgow Drug Problem Service. The forum continues to maintain current services and standards during this transitional period.

The Royal College of Psychiatrists re-visited Orchard 4 in June 2003. The Alcohol Day Unit at Parkhead Hospital also received a visit in June 2003 by the Mental Health Assessment Team.

# ***SECTION 2***

# ***Description of Service Area***

## 2. DESCRIPTION OF SERVICES

### 2.1 Area Served

The Directorate provides a city-wide service to a population of 894,690 of Greater Glasgow area, who suffer from alcohol and drug related problems. The services are divided into five sectors; North, East, South East and South West and West. Seven Consultant Psychiatrists, with dual training in general psychiatry and addiction, lead multi-disciplinary teams, comprising medical, nursing, occupational therapy, psychology and administrative staff.

Community Addiction Teams continue to roll out. The first Community Addiction Team to be established was the East Dunbartonshire Service in 2002. Since then 5 CAT teams have become fully functional, with staff having completed the migration process. Three teams cover East, North/East and West areas of the City of Glasgow. South Lanarkshire/East Renfrewshire and West Dunbartonshire Teams provide addiction services to these local authority areas. Due to issues with accommodation, although staff have been appointed to the teams in South, South East, South West, they are currently based in Directorate accommodation. The CAT teams for the North area of Glasgow are due to be rolled out in October 2004. These teams were formed to improve addiction service delivery to the community by reducing organisational boundaries, which individuals have to cross, in order to have a service delivered.

In planning and developing our services, we have looked at Glasgow's population as a whole before considering individual communities within the Greater Glasgow area. Special attention has been paid to the extent of poverty and disadvantage in Glasgow when assessing addiction problems. Within Greater Glasgow, Glasgow City's population of 618,430 is predicted to fall by 5% by the year 2005. Within this population numbers of people aged between 35 – 49 are expected to rise by 29%.

Numbers of people aged 90 + are expected to rise by 17% and people in their 60's are expected to reduce by 22% (GCC 1999). In 1998 the population of people aged 65+ was 92,180 (15% of population), and of these 36% are described as vulnerable on two or more indicators.

The number of deaths with alcohol as an underlying cause rose among men and women between 1996 and 2001. Male deaths rose by 57% and female deaths by 20%. The Greater Glasgow male and female death rates were approximately 60% higher than the Scottish rate. These deaths occurred mainly from alcohol liver disease.

The Directorate accepts referrals from the age of 18, although referrals from below this age group have been accepted having demonstrated appropriate clinical need. We do not have barriers on the over 65's age group and as described above, this is a rising population. Issues regarding this may have to

be addressed with both Old Age Psychiatry and Social Work services with ongoing developments.

### 2.1.1 Assessment:

- Dependence associated with psychological and physical
- Matching patient need to the appropriate clinical intervention or service
- Specialist medical assessment

In order to match the patient with the most appropriate treatment, a comprehensive assessment will be carried out. Treatment is based on degree of dependence, severity of the problem, social stability, personality type and other factors appropriate to the individual. Treatment should be agreed between the patient and appropriate staff member.

### 2.1.2 Clinics/Groups:

- Poly drug
- Pharmacotherapy (Acamprosate – Naltrexone)
- Opiate – other substances (including psycho-stimulants)
- Alcohol
- Comorbidity Assessments
- Anxiety Management/Stress Management
- Relapse Prevention
- Four week Alcohol Treatment Programme
- Abstinent Group
- Family and Couple Work
- Controlled Drinking Programmes
- Women Only Service

### 2.1.3 Treatments:

- Individual and group based treatments delivered by the most appropriate member of the multidisciplinary team, include:

- Detoxification with evidence based clinical protocols

- Clinical management of psychiatric comorbidity

- Specialised and specific evidence based interventions

  - Motivational enhancement, Coping skills training
  - Functional assessment
  - Social skills training
  - Cognitive Behaviour Therapy
  - Sexual Trauma and Substance Misuse
  - Anger Management

- Provision of Pharmacological intervention

    - Acamprosate
    - Disulfiram
    - Pabrinex and Vitamin replacement therapy
    - Lofexidine and Naltrexone
    - Subutex

- Consultative role to community mental health teams

- Poly drug abuse assessment clinic

- Liaison and consultation service is available, for example to Acute Hospitals, Old Age Psychiatry, Adolescent Psychiatry and Glasgow Drug Problem Service

- Liaison to Social Work Addiction Services

## 2.2 Catchment Area

Currently the Directorate offers core services to the Division's catchment area of Greater Glasgow, through Consultant led multidisciplinary teams. There is an on-going Tier 4 consultation which will determine the future structure for addiction psychiatry. As population needs vary within each sector, the Directorate continues to provide a consistent and sustainable service, reflecting the needs of these distinct populations.

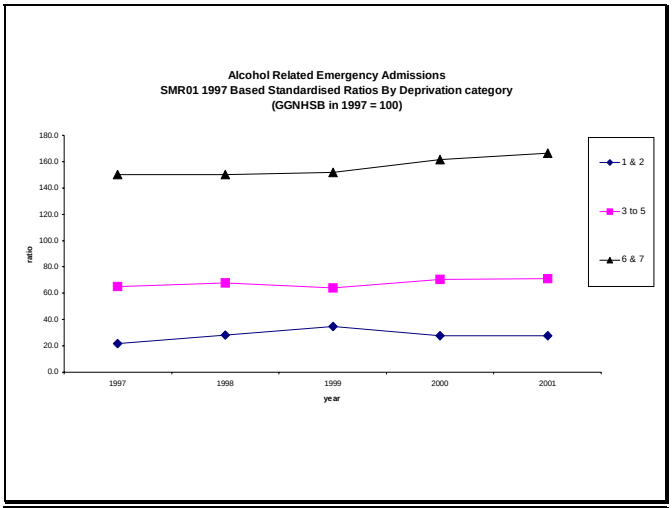
## 2.3 Age Banding and Population

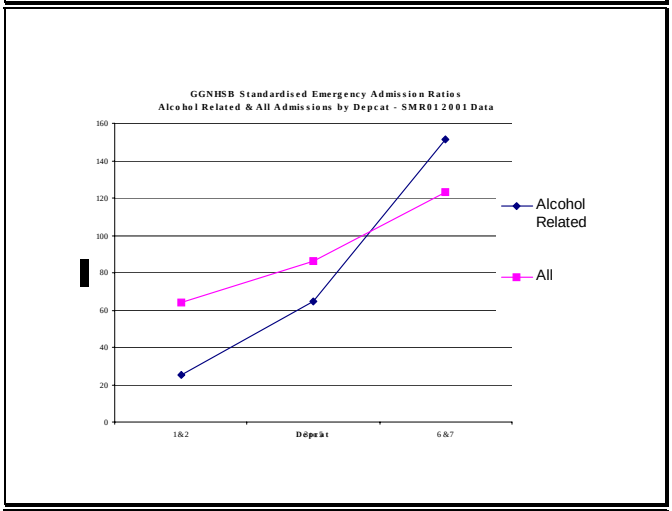
(1991 census figures)

| | Between 0-14 | 15 – 64 | 65-74 | Over 75 |
|---|---|---|---|---|
| East | 34377 | 118541 | 16628 | 10974 |
| North | 32580 | 113362 | 13869 | 10354 |
| South East | 31058 | 111823 | 14652 | 10699 |
| South West | 35421 | 119081 | 17519 | 14375 |
| West | 33975 | 121498 | 20182 | 13722 |
| TOTAL | 167,411 | 584,305 | 82,850 | 60,124 |

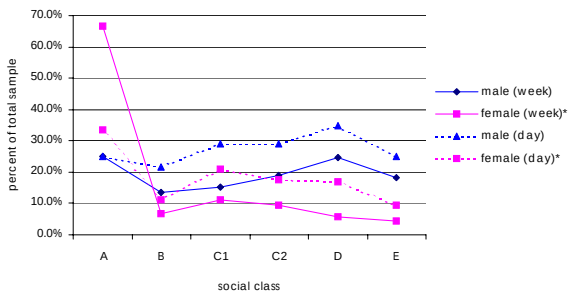
People from the most deprived areas were six times more likely to be admitted than those from the most affluent areas. The average age of admissions in DEPCAT 1 increased from 48 to 56 years while in DEPCAT 7 it only increased from 50 to 51 year. The rate of increase in admissions was 4 times greater in the most deprived areas, compared to the most affluent. (D Morrison, Consultant in Public Health taken from Greater Glasgow Alcohol Action Team Report of 8 March 2004)

## 2.4 Deprivation By Postcode




**Percent exceeding recommended daily (m>8 units, f>6 units) and weekly (m>21 units, f>14 units) alcohol intake, by sex and social class. GGNHSB health survey respondents, 2003 (men, N=828; women, N=934).**



**East**

| Postcode | Carstairs Index |
|---|---|
| 1&2 | 6 |
| 3 | 6 |
| 4 | 7 |
| 21 | 7 |
| 31 | 4,6,7 |
| 32 | 4,6,7 |
| 33 | 6,7 |
| 34 | 7 |
| 40 | 7 |
| 69 | 3,5 |
| 71 | 6 |

**West**

| | |
|---|---|
| 11 | 4,6 |
| 12 | 2,6 |
| 13 | 4,5,6 |
| 14 | 4,7 |
| 15 | 5,7 |
| 60 | 4 |
| 61 | 1,2 |
| 62 | 1,3 |
| 81 | 3,5,6 |

**North**

| | |
|---|---|
| 3 | 6 |
| 20 | 4,6,7 |
| 21 | 7 |
| 22 | 7 |
| 23 | 6 |
| 64 | 1,2,3 |
| 65 | 2,4,7 |
| 66 | 1,2,5 |
| 67 | 4 |
| 69 | 3,5,6 |

**South East/South West**

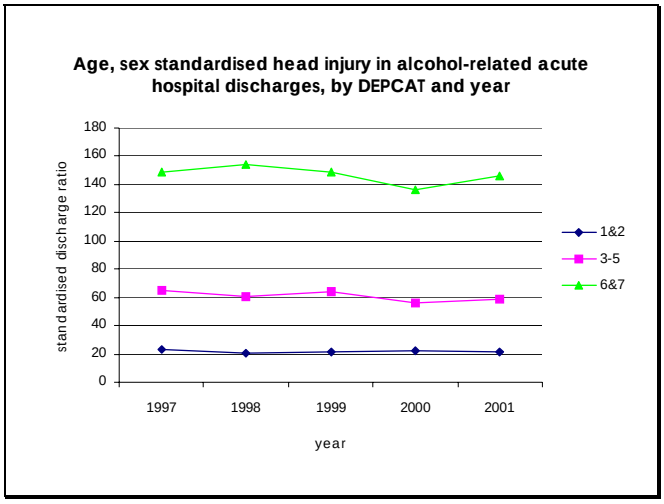
| | |
|---|---|
| 5 | 3,7 |
| 42 | 5,6,7 |
| 45 | 7 |
| 46 | 1,2 |
| 72 | 4,6 |
| 73 | 3,4,5 |
| 76 | 1,2,3 |
| 77 | 1 |
| 41 | 2,4,6,7 |
| 43 | 3,6 |
| 44 | 1,4 |
| 46 | 4 |
| 51 | 6,7 |
| 52 | 4,5,6 |
| 53 | 6,7 |

**Numbers of patients admitted and discharged from Psychiatric Hospitals in Glasgow between 1st January 1999 and 31st December 2001, where discharge diagnosis contains an alcohol-related condition by Community Addiction Team.**

**Numbers of patients admitted and discharged from Psychiatric Hospitals in Glasgow between 1st January 1999 and 31st December 2001, where discharge diagnosis contains an alcohol-related condition by Community Addiction Team.**

| | EAST | WEST | SOUTH | SOUTH WEST | NORTH WEST | GREATER POLLOK | NORTH | NORTH EAST | SOUTH EAST | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| **Diagnostic Group** | | | | | | | | | | |
| **Mental & Behavioural Disorders due to Use of Alcohol** | 313 | 368 | 196 | 294 | 289 | 163 | 349 | 153 | 107 | 2232 |
| Acute intoxication | 1 | 3 | 7 | 7 | 4 | 0 | 2 | 0 | 4 | 28 |
| Harmful Use | 29 | 210 | 82 | 83 | 107 | 56 | 70 | 15 | 29 | 681 |
| Dependence Syndrome | 245 | 132 | 72 | 154 | 156 | 81 | 237 | 130 | 50 | 1257 |
| Withdrawal State | 7 | 6 | 14 | 19 | 4 | 7 | 8 | 0 | 7 | 72 |
| Withdrawal State with Delirium | 3 | 7 | 2 | 2 | 3 | 4 | 3 | 1 | 1 | 26 |
| Psychotic Disorder | 16 | 5 | 11 | 19 | 10 | 3 | 13 | 6 | 8 | 91 |
| Amnesic Syndrome | 7 | 4 | 5 | 6 | 2 | 9 | 12 | 0 | 7 | 52 |
| Residual & Late Onset Psychotic Disorder | 1 | 1 | 2 | 4 | 2 | 2 | 3 | 1 | 1 | 17 |
| Other | 4 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 5 |
| Unspecified | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 3 |
| Alcoholic Liver Disease | 75 | 89 | 47 | 38 | 81 | 30 | 73 | 55 | 12 | 500 |
| **Total** | **388** | **457** | **243** | **332** | **370** | **193** | **422** | **208** | **119** | **2732** |
| **% Total Glasgow City** | 14.2 | 16.7 | 8.9 | 12.2 | 13.5 | 7.1 | 15.4 | 7.6 | 4.4 | |

Comorbidity is greater in more deprived areas and head injuries are the commonest co-morbidity. Residents in the most deprived areas are about 7 times more likely to have a head injury compared to those in the most affluent areas.




## 2.5 User/Carer Involvement

We have a number of ways in which the users and carers are invited to become involved:

- Family members offered appointments to explore concerns relating to this relatives
- Information leaflets distributed to patients regarding local support groups etc
- Patients created posters on cannabis use for distribution around Health Centres
- Feedback regarding treatment received and service delivery

One member of the Directorate is of the Patient Focus and Public Involvement Steering Group and User Involvement Group respectively.

## 2.6 Advocacy

Advocacy can be seen as enabling people, as far as possible, to make informed choices about, and to remain in control of, their own health care. This is achieved in various ways in the Alcohol and Drug Directorate. All of the health professions have a professional responsibility in the provision of advocacy for patients enshrined in their codes of practise and conduct.

Self advocacy is promoted by all staff and patients are encouraged to be involved in all decisions about their care from the time of assessment. Written information is provided to patients in both waiting areas and is given to them on home visits. If patients are given appropriate information about their treatment then they are enabled to make an informed choice. Psychosocial treatments in the field of addiction psychiatry are only possible if the patient is actively involved.

Where patients are unable to advocate for themselves, local teams link in to the local voluntary services such as Alcoholics Anonymous or Glasgow Council on Alcohol which provide peer advocacy via support group networks and individual counselling services.

If patients require professional advocacy services then the local teams can facilitate contact with services provided by Glasgow City Council area social work teams and with Glasgow Advocacy Projects.

Ethnic Minorities and Disabilities

We operate within Trust policy. We use our links with Ethnic Minority Service within Social Work Addiction services and there have been limited requests for translation services and special ablution facilities.

The Joint Clinical Governance forum promotes cultural awareness, with Dr Uday Mukherji as the Addiction Services lead. Information in relation to ethnic minorities is being collated throughout all service areas.

We have access to interpreter facilities via the Division.

The new 15 bedded inpatient unit incorporates mixed sex wards, separate male and female areas and has separate facilities for the disabled in keeping with the Disability Discrimination Act 1999.

## 2.7 Joint Futures

During the last four years, in partnership with Glasgow City Council, outlying local authorities and Greater Glasgow NHS Board, we have worked towards developing a new tiered model of health and social care, which should see the establishment of jointly managed services for people with addiction problems in Glasgow.

13 Community Addiction Teams will be co-located with Social Work Services to provide integrated health and social care to people suffering from addiction problems. In the 4-tiered approach, community addiction teams will sit in Tier 3. Tier 1 is, for example, education and public services. Tier 2 services include general practitioners and other primary care services, acute services and generic social work services.

The Directorate continues to take an active part in the consultation process, defining the remit of specialised Tier 4 and the patient pathway through the tiered model.

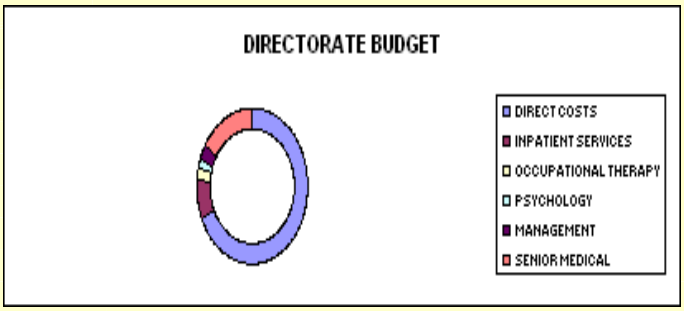
# ***SECTION 3***

# ***Finance***

# 3 FINANCE

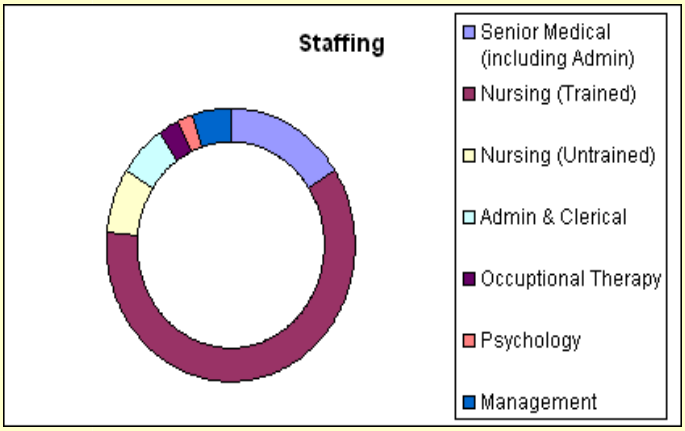
## 3.1 DIRECTORATE BUDGET

| | |
|---|---|
| DIRECT COSTS | **£3,101,600** |
| INPATIENT SERVICES | **£362,271** |
| OCCUPATIONAL THERAPY | **£125,871** |
| PSYCHOLOGY | **£90,228** |
| MANAGEMENT | **£140,364** |
| SENIOR MEDICAL | **£736,923** |
| **TOTAL BUDGET** | **£4,557,257** |



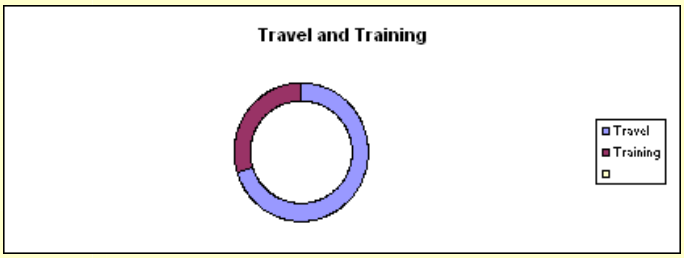

## 3.2 Staffing

| | |
|---|---|
| Senior Medical (including Admin) | **£736,923** |
| Nursing (Trained) | **£2,842,085** |
| Nursing (Untrained) | **£359,774** |
| Admin & Clerical | **288,539** |
| Occuptional Therapy | **£125,871** |
| Psychology | **£90,228.00** |
| Management | **£240,364** |




## 3.3 Travel and Training

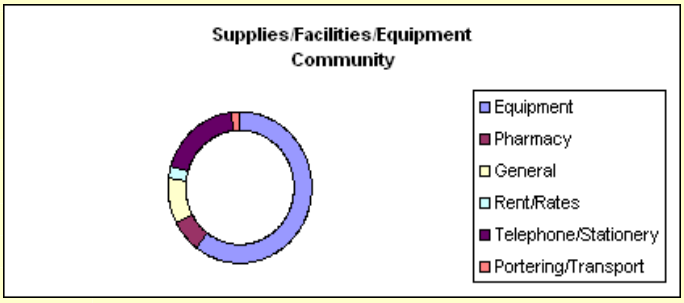
| | |
|---|---|
| Travel | **£150,819** |
| Training | **£63,642** |




## 3.1 Supplies /Facilities /Equipment

***Community and Hospital Based***

| | |
|---|---|
| Equipment | **£272,681** |
| Pharmacy | **£31,786** |
| General | **£43,350** |
| Rent/Rates | **£12,000** |
| Telephone/Stationery | **£84,316** |
| Portering/Transport | **£8,242** |



# ***SECTION 4***

# ***Staffing***

## 4. STAFFING

### 4.1 Current staffing

| MEDICAL | NURSING | PSYCHOLOGY | OCCUPATIONAL THERAPY | ADMINISTRATION AND CLERCIAL |
|---|---|---|---|---|
| 6.66 WTE Consultants<br>1.0 WTE Associate Specialists<br>4.7 WTE Staff Grade<br>0.5 WTE Clinical Assistant | 125 WTE<br>(I, H, G, F, E, B & A Grades) | 3.5 WTE<br>(A & B Grades) | 4.0 WTE<br>Head Occ Therapist and Sen 1 & 11 | 19.5 WTE |

| | | | | | |
|---|---|---|---|---|---|
| **Overtime** | **0.81** | **Annual Leave** | **5.91** | **Other leave** | **1.61** |
| **Long Term Sick** | **1.08** | **Annual Leave %** | **6.1%** | **All Leave** | **12.74** |
| **Sort Term Sick** | **2.22** | **Mat Leave** | **0.94** | **All Leave %** | **11.6%** |
| **All Sick %** | **3.4%** | **Study leave** | **0.99** | | |

### 4.2 Recruitment Issues

During the last year we have had a successful recruitment drive in all areas.

### 4.3 Sick Leave

| | Group | Tot WTE | Avg | Tot Long Term sick | Tot short term sick | Tot Sick | Avg WTE Sick | Tot Sick % |
|---|---|---|---|---|---|---|---|---|
| Inpatients | ADMIN | 39.00 | 0.75 | 0.00 | 0.86 | 0.86 | **0.02** | **2.22%** |
| | NURSING | 771.47 | 14.84 | 10.07 | 19.49 | 29.56 | **0.57** | **3.83%** |
| Inpatient total | | 810.47 | 15.59 | 10.07 | 20.35 | 30.42 | **0.59** | **3.75%** |
| Community | ADMIN | 804.69 | 15.47 | 22.50 | 31.97 | 54.47 | **1.05** | **6.77%** |
| | MEDICAL | 155.64 | 2.99 | 0.00 | 0.39 | 0.39 | **0.01** | **0.25%** |
| | NURSING | 2,423.77 | 46.61 | 47.00 | 46.29 | 93.29 | **1.79** | **3.85%** |
| | OT | 224.00 | 4.31 | 7.08 | 1.81 | 8.89 | **0.17** | **3.97%** |
| | PSYCH | 137.00 | 2.63 | 0.00 | 0.64 | 0.64 | **0.01** | **0.47%** |
| OP Total | | 3,745.10 | 72.02 | 76.58 | 81.10 | 157.69 | **3.03** | **4.21%** |
| Grand Total | | 4,555.56 | 87.61 | 86.65 | 101.46 | 188.11 | **3.62** | **4.13%** |

## 4.4 Training

In total 64 Alcohol and Drug Directorate staff undertook training either formally or informally.

Training Courses included Child Protection, Change Management and Leadership; RCN Leadership Course; Clinical Audit, Parental Substance Misuse and Child Welfare, Employment Training and Educational Opportunities for Substance Misusers; Venepuncture; Anaphylaxis and CPR, Single Shared Assessment; Psychostimulant Drug Use; Assess, Prioritise and Address Legal Issues; Skills for Running Groups; Critical Appraisal Skills Training; Risk Assessment; statutory training.

Tracy Stafford is now trained trainer in Anaphylaxis and CPR and has delivered training sessions to Directorate staff.

Individual training was received by a number of Directorate staff, for example, Master of Primary Care, Glasgow University, BA in Business Studies and Politics, Stirling University; BSc Health Studies, Glasgow Caledonian University, Certificate in Management of Addiction Services – STRADA/Glasgow University Alcohol, Drugs, Policy & Prevention – Paisley University ; Dip. Higher Education in Addiction Studies; Diploma in Higher Education in Adduction Studies, Leeds University;

Psychiatric Comorbidity Training

The Directorate facilitated multiagency training on psychiatric comorbidity, initially for 75 staff in North/East Glasgow. This programme of training was extended to include generic health and social care staff in South and West Glasgow in 2003/2004. This is on-going training. (Report appended)

## 4.5 Personal/Professional Development Plans and Peer Review

The appraisal process is in place for all staff members of the Directorate. This addresses issues surrounding personal/professional development plans, peer review and team learning. Each area within the Directorate holds monthly meetings where any items relating to the above can be discussed.

## ***SECTION 5***

## ***Service Developments***

## 5. SERVICE DEVELOPMENTS

### 5.1 Developments and Proposals:

#### 5.1.1 Inpatient Unit

Capital funding was approved for a dedicated 15 bedded addiction inpatient unit on the Stobhill Hospital site. Work commenced on site in April 2003 with the unit scheduled for completion by the end of the financial year. This unit will integrate North and East Glasgow inpatients and will also incorporate Day Hospital facilities from Orchard 4, North Glasgow and possibly the Alcohol Day Unit at Parkhead.

Discussions continue in relation to formulating plans for addiction beds to serve the population of West and South Glasgow. This will include 8 beds for Alcohol Related Brain Damage and incorporate the service currently provided by APTU. It is proposed to refurbish a current inpatient unit at Gartnavel Royal Hospital, when the new Gartnavel build is completed.

#### 5.1.2 Integration with Glasgow Drug Problem Service

The Glasgow Addiction Service provide, through the Alcohol & Drug Directorate and the Glasgow Drug Problem Service, a comprehensive health care addiction service to the population of Greater Glasgow. The services are operating under the umbrella of an integrated management structure but remain operationally separate.

#### 5.1.3 Community Addiction Teams

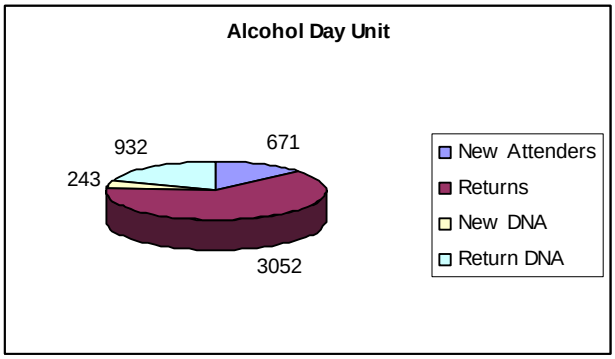
Over the past year, the Directorate management staff have been intensively involved in the smooth transition from sector based addiction services to a tiered city-wide model of service delivery. As the staff migrated into the Community Addiction Teams, they continued to provide quality, locally based addiction services, in parallel with developing the new services.

# ***SECTION 6***

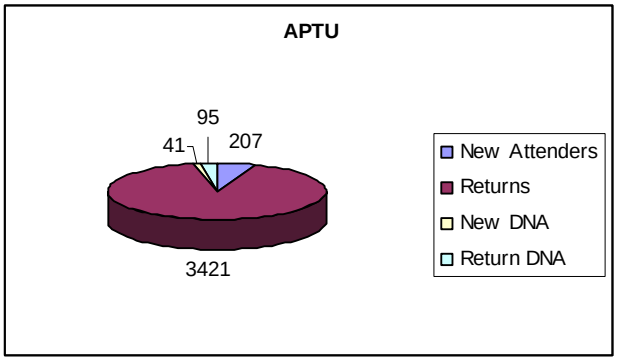
## ***Services Activity***

## 6.1 Service Activity Figures

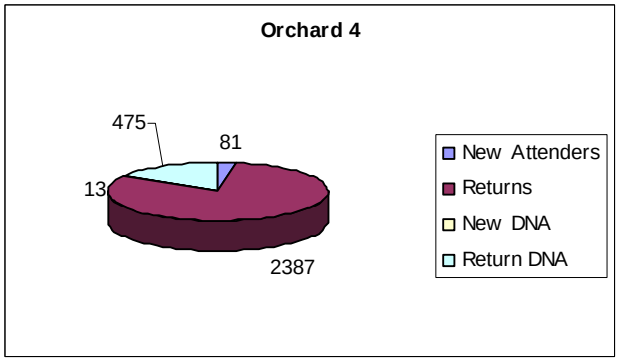
| Alcohol Day Unit | | | |
|---|---|---|---|
| **New Attenders** | **Returns** | **New DNA** | **Return DNA** |
| | | | |
| 671 | 3052 | 243 | 932 |




| APTU | | | |
|---|---|---|---|
| **New Attenders** | **Returns** | **New DNA** | **Return DNA** |
| | | | |
| 207 | 3421 | 41 | 95 |




| Orchard 4 | | | |
|---|---|---|---|
| **New Attenders** | **Returns** | **New DNA** | **Return DNA** |
| | | | |
| 81 | 2387 | 13 | 475 |



## Admissions

| | | Age Group | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Consultant** | **Sex** | **<18** | **18-25** | **26-35** | **36-45** | **46-55** | **56-65** | **66-75** |
| Fraser | Female | 0 | 1 | 8 | 6 | 6 | 5 | 0 |
| | Male | 0 | 12 | 8 | 13 | 6 | 0 | 0 |
| Jauhar | Female | 0 | 1 | 5 | 17 | 5 | 2 | 0 |
| | Male | 0 | 4 | 17 | 34 | 29 | 10 | 2 |
| Shaw | Female | 0 | 0 | 5 | 3 | 0 | 0 | 0 |
| | Male | 0 | 0 | 11 | 9 | 0 | 0 | 0 |
| Smith | Female | 0 | 5 | 11 | 7 | 6 | 1 | 0 |
| | Male | 0 | 5 | 31 | 23 | 35 | 2 | 0 |
| Wylie | Female | 0 | 1 | 8 | 10 | 7 | 2 | 2 |
| | Male | 0 | 9 | 31 | 35 | 24 | 16 | 0 |

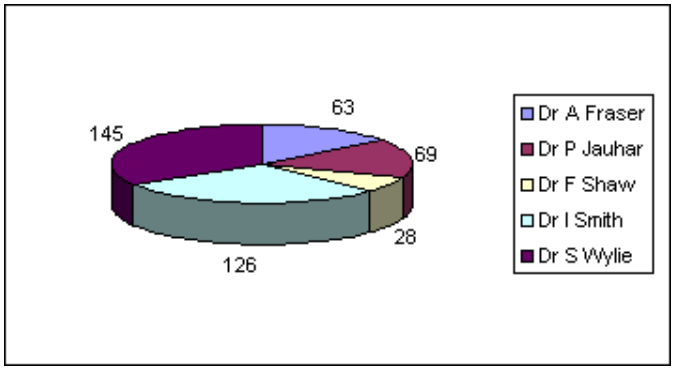
## Occupied Bed Days

| | | Age Group | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Consultant** | **Sex** | **<18** | **18-25** | **26-35** | **36-45** | **46-55** | **56-65** | **66-75** |
| Fraser | Female | 0 | 6 | 342 | 125 | 208 | 109 | 0 |
| | Male | 0 | 210 | 132 | 146 | 90 | 0 | 0 |
| Jauhar | Female | 0 | 13 | 71 | 362 | 78 | 55 | 0 |
| | Male | 0 | 34 | 264 | 736 | 754 | 173 | 74 |
| Shaw | Female | 0 | 0 | 107 | 41 | 0 | 0 | 0 |
| | Male | 0 | 0 | 36 | 305 | 0 | 0 | 0 |
| Smith | Female | 0 | 161 | 47 | 170 | 82 | 27 | 0 |
| | Male | 0 | 21 | 301 | 274 | 663 | 37 | 0 |
| Wylie | Female | 0 | 11 | 124 | 133 | 92 | 43 | 35 |
| | Male | 0 | 91 | 347 | 386 | 375 | 245 | 0 |

**For more detailed charts for Consultants please see extra pages.**

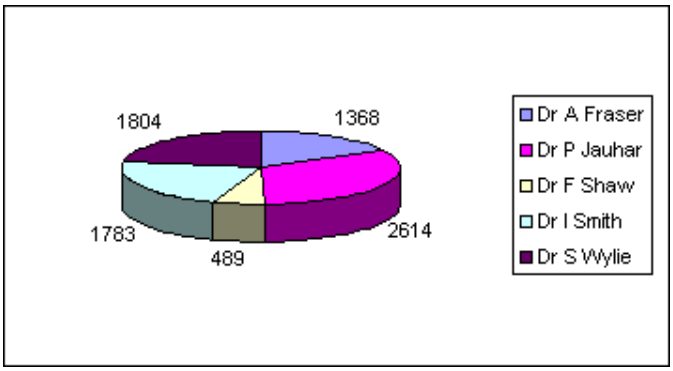
## Medical In-patients for Year

| Consultant | Number |
|---|---|
| | |
| Dr A Fraser | 63 |
| Dr P Jauhar | 69 |
| Dr F Shaw | 28 |
| Dr I Smith | 126 |
| Dr S Wylie | 145 |



**Occupied Bed Days for Year**

| Consultant | Number |
|---|---|
| | |
| Dr A Fraser | 1368 |
| Dr P Jauhar | 2614 |
| Dr F Shaw | 489 |
| Dr I Smith | 1783 |
| Dr S Wylie | 1804 |




## 6.2 Waiting Times

### INTRODUCTION

Services within the Directorate are divided into four sectors; North, East, South and West. Seven Consultant Psychiatrists, with dual training in general psychiatry and addiction, lead teams of medical, nursing, occupational therapy, psychology and administrative staff. A variety of treatments is offered via inpatients, day patients, community patients and outpatients. The Comorbidity Team provide a city-wide service. Each Department is responsible for their own waiting list, which is monitored and evaluated regularly.

### OBJECTIVE:

To meet agreed waiting standards through waiting lists and waiting times being managed effectively to ensure that the longest waits are reduced and overall waits minimised.

### AIMS OF THE DIRECTORATE

- To reduce waiting times
- To improve delivery of current services
- Implement and develop new multidisciplinary services
- To provide a quality service for all users

### SUMMARY

The planned National Waiting Times are:

- Inpatients and Day Patient – 9 months December 2003
- Inpatients and Day Patients – 6 months by December 2005
- Outpatient Appointments – 26 weeks by December 2005

Although within National Waiting Times limits, the Alcohol & Drug Directorate strives to reduce these times and currently has the following agreed waiting times:

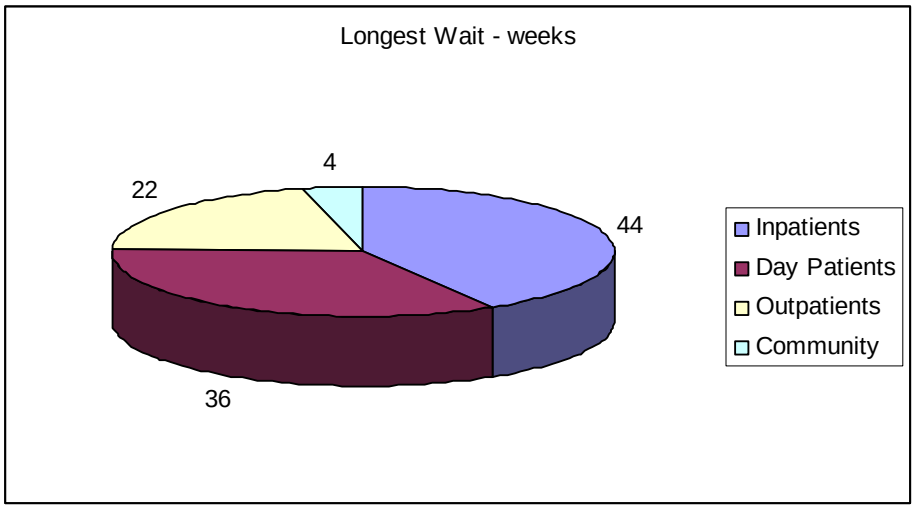
| **SERVICE** | **AGREED WAITING STANDARD** | | |
|---|---|---|---|
| | Emergency | Urgent | Routine |
| Outpatients | <1 week | <1 week | 12 weeks |
| Inpatients | <1 week | <1week | 20 weeks |
| Community | <1 week | n/a | 2 weeks |
| Day Hospital | <1 week | <1 aeek | 12 weeks |

**Referrals to Alcohol & Drug Directorate (2003/4)**

| **Inpatients** | **Day Patients** | **Outpatients** |
|---|---|---|
| 431 | 1109 | 2243 |

**Longest Waiting Times: (2003/4)**

| | **Longest Wait - weeks** |
|---|---|
| **Inpatients** | **44** |
| **Day Patients** | **36** |
| **Outpatients** | **22** |
| **Community** | **4** |




The increase over the agreed waiting times for years 2002/03 occurred during the following months:

| **SERVICE** | **Month(s)** |
|---|---|
| ***Inpatients*** | May, December |
| ***Day patients*** | April, May, December, January, February, March, |
| ***Outpatients*** | October, November |
| ***Community*** | July, October |

**Reasons for Longer Waiting Times**

- Lack of medical cover
- Lack of available space in day patient areas
- Restricted access to specialist addiction inpatient beds
- Number of referrals

**Proposed Action:**

To manage the waiting list and times effectively and guarantee agreed targets, the following developments have been agreed for 2003/4:

- Dedicated inpatient facility of 15 beds – operational by April 2004
- Audit of Day Patients – appropriately placed
- Tier 3 services – reduction in number of referrals to specialist services

- Opt In letters to be sent to all out-patients – reduction in numbers of DNA’s
- Regular review of all patients on the waiting list

# ***SECTION 7***

# ***Clinical Governance***

## 7. CLINICAL GOVERNANCE

The Addiction Clinical Governance Forum was multidisciplinary and conducted monthly meetings with minutes circulated to the Clinical Director and General Manager. The members of the Forum formed communication links with their professional colleagues, facilitating a two way movement of information. The Chair attended the Clinical Governance Committee for Mental Health and Learning Disabilities.

In April 2003 the forum initiated a joint working relationship with the GDPS Clinical Governance Implementation Group due to concerns about clinical governance in the evolving Community Addiction Teams. Other issues of joint concern were the single shared assessment, CNORIS and achieving a single clinical governance body. Staff from across the directorate were invited to an Open Meeting in February 2004 prior to the launch of the new clinical governance system.

The Forum reviewed the Mental Health Division's priorities for the Year 2003 - 2004 and attempted to identify and develop specialist Clinical Governance criteria. The HTBS recommendations on relapse prevention and the S.I.G.N. Guidelines for Alcohol Dependence in Primary Care and were launched in September 2003. The Forum supported the development of 'Guidelines for Nurses Supporting Detoxification from Alcohol' based on the S.I.G.N. Guidelines.

### 7.1 Clinical Effectives

The Directorate has incorporated and developed evidence based treatments in relapse prevention and is working towards delivering these treatments using manuals adapted for local use. Psychology staff is providing on-going internal training skills treatment approach, using a locally developed treatment manual.

### 7.2 Critical Incidents

Critical Incidents are received by the Clinical Director, who discusses, with identified staff members, the severity of the incident and dependent upon severity, whether to hold an internal enquiry or not. Directorate Staff, who are involved in assessing Critical Incidents, have received training in Root Cause Analysis.

## 7.3 Complaints

The Directorate received one complaint during the year and following the Trust's Complaints Procedure the reasons behind the complaint were unjustified and unfounded.

## 7.4 Quality Monitoring

Monitoring and auditing of quality is a core value of the Directorate. We continue to be involved with Health and Social Care staff, in developing the Single Shared Assessment Tool, which will form the basis for on-going quality monitoring. We have also drawn up guidelines for home supported detoxification from alcohol and opiates, which will incorporate a monitoring system.

## 7.5 Research

ARBD in Homeless Hostel Dwellers in Glasgow: estimate of prevalence, severity and care needs. Gilchrist, Morrison, MacKay 2003 (unpublished but completed).

# ***SECTION 8***

# ***Appendices***

# ***SECTION 8.1***

# ***Small Clinical Teams Reports***

## (i) PSYCHOLOGY ANNUAL REPORT 2003-2004

*Additional Information*

Clinical Governance Issues
*Clinical effectiveness*

Ongoing staff training of coping skills treatment approach using treatment manual developd by psychology staff. This is in line with HTBS, 2003 (Janice need to find new the title for you!) recommendations regarding the use of treatment interventions that are known to be effective. It was also recommended that this should be ongoing to provide skill development/enhancement and avoid therapist drift.

*Future proposals*

An increased focus on training and supporting frontline workers in psychological therapies that have been shown to be effective in developing treatment protocols. This is in line with recommendations (HTBS, 2003) that treatment should be standardised according to best practice using treatment manuals and protocols.

Psychology staff are planning a programme of in-service CPD training with a view to further developing and enhancing their training skills. The extent to which staff will be able to offer training to the tier 3 structure will depend on opportunities for increasing current psychology staffing levels.

There is an increase in requests for training from other specialist services such as community learning disability and acquired brain damage service. The latter has reported a high incidence of alcohol and drug problems among referrals to their service.

**For Psychology leaflet, see Section 8 – Appendices.**

## (ii) ALCOHOL PROBLEMS TREATMENT UNIT Annual Report 2003/4

The Alcohol Problems Treatment Unit is based in Gartnavel Royal Hospital. The APTU provides a specialist service to patients referred with alcohol related problems. The unit sees patients from over 18years old there is no upper age limit. The catchment area includes the following post code areas; G11, G12, G13, G14, G15, G61, G62, G81 and up to G60.5 with occasional referrals from G63 Blane Valley area. The unit is open five days Monday to Friday from 9.00am to 5.00pm.

The following services are provided

Assessment
Day Patient Detoxification
Day Patient Support
Disulfiram Therapy
Acamprosate Therapy
Out Patient Treatment
Liaison to GI ward in Gartnavel General Hospital
Lofexidine Detoxification from opiates
Access to Group work

Staffing

Consultant Psychiatrist
Senior House Officer training post
Clinical Assistant 5 sessions
Clinical Psychologist 5 sessions
Ward Manager Nurse G Grade
Charge Nurse F Grade
Staff Nurses E Grade 3 posts
Nursing Assistant A Grade 22.5 hours.

Changes to service

In the last year several new Community Addiction Teams have been established. The APTU is now directly linked to three CAT teams with a fourth due to be formed later this year. The majority of referrals currently come from the West CAT team based in Drumchapel and West Dumbarton CAT based in Clydebank. Both these teams have a link nurse to liaise with the APTU; these nurses currently attend the weekly multidisciplinary team meeting. The unit also receives referrals from the East Dumbarton CAT. The APTU therefore will cover four different CAT teams in three different local authorities.

A liaison service is provided to Ward 8C at Gartnavel General Hospital. This service is lead by the Assistant Manager. Referrals are accepted by telephone from the Ward Staff and patients will be seen in Ward 8C on Monday and Thursday afternoons. The nurse will asses patients, advise on suitable follow up, encourage patients to consider their drinking and provide them with information regarding their alcohol use. Strong links with this team are beneficial as many patients with severe liver disease continue to attend Gartnavel General Out patients and our services. Gartnavel General has differing boundaries to Gartnavel Royal, however, patients out with our catchment area will be seen by the liaison team and a referral made to the relevant Sector where appropriate.

## Staff Training

The ward manager has completed the RCN Clinical Leadership Programme. This is an intensive course designed to develop leadership skills aiming to improve patient care, benefit the team, heighten political awareness and lead to development of the service.

There has been ongoing training of all nursing staff to update in moving and handling techniques. Training is continuing in managing aggression; breakaway techniques. All staff have also attended or have dates to attend child protection, cultural competence and disability awareness training.

Four trained nursing staff have extended practice responsibility for venepuncture.

## Service Activity

The following two tables show the figures for patients attending the Alcohol Problems Treatment Unit. Once patients have been assessed they would normally be admitted to the Day Unit within two to three days. Very occasionally due to high numbers of patients it may be necessary to create a waiting list. This rarely exceeds two weeks, where necessary the Community Addiction Team may visit until a place became available.

**STATISTICS**
**– 2003/4**

**ALCOHOL PROBLEMS TREATMENT UNIT - GRH**
**DAY PATIENT**

| MONTH | NEW REFERRALS | RETURNS | DNA NEW | DNA RETURN | TOTAL ATTENDANCES |
|---|---|---|---|---|---|
| | | | | | |
| APRIL | 13 | 276 | 2 | 9 | 289 |
| MAY | 21 | 340 | 4 | 2 | 361 |
| JUNE | 19 | 336 | 3 | 4 | 355 |
| JULY | 15 | 323 | 3 | 6 | 338 |
| AUGUST | 19 | 235 | 2 | 10 | 272 |
| SEPTEMBER | 17 | 296 | 7 | 5 | 313 |
| OCTOBER | 18 | 292 | 3 | 16 | 310 |
| NOVEMBER | 16 | 203 | 6 | 4 | 219 |
| DECEMBER | 16 | 301 | 0 | 9 | 317 |
| JANUARY | 17 | 284 | 4 | 12 | 301 |
| FEBRUARY | 19 | 233 | 1 | 9 | 252 |
| MARCH | 17 | 302 | 6 | 9 | 319 |
| | | | | | |
| TOTAL | 207 | 3421 | 41 | 95 | 3646 |

**ALCOHOL PROBLEMS TREATMENT UNIT - GRH**
**OUT PATIENT**

| MONTH | NEW REFERRALS | RETURNS | DNA NEW | DNA RETURN | TOTAL ATTENDANCES |
|---|---|---|---|---|---|
| | | | | | |
| APRIL | 4 | 157 | 0 | 12 | 161 |
| MAY | 2 | 196 | 0 | 13 | 198 |
| JUNE | 8 | 121 | 1 | 16 | 129 |
| JULY | 6 | 194 | 1 | 8 | 200 |
| AUGUST | 3 | 147 | 1 | 12 | 150 |
| SEPTEMBER | 2 | 167 | 2 | 14 | 169 |
| OCTOBER | 8 | 252 | 0 | 11 | 260 |
| NOVEMBER | 6 | 200 | 2 | 11 | 206 |
| DECEMBER | 5 | 177 | 3 | 11 | 182 |
| JANUARY | 5 | 263 | 2 | 19 | 268 |
| FEBRUARY | 7 | 183 | 1 | 25 | 190 |
| MARCH | 5 | 242 | 1 | 20 | 247 |
| | | | | | |
| TOTAL | 61 | 2299 | 14 | 172 | 2360 |

In addition to the prior tables medical staff offer on average eight emergency appointments each week held in the APTU. Every Tuesday a routine multidisciplinary clinic offers eight assessment appointments to which nurses contribute. Further medical assessments and treatment happen separately in the outpatient department. These statistics are collated by the outpatient coordinator and medical records staff. In an effort to reduce waiting time, where appropriate, patients will be diverted from the multidisciplinary clinic to a nurse appointment for assessment at the APTU.

## Development Day

Due to a change in personnel within the unit a staff development day was held in August 2003. This was well received and gave staff the opportunity to acknowledge current good practice and to identify areas that required to be improved. One topic that was considered was how to improve mealtimes for patients. We have since made a number of changes to serving of meals, this has created a more relaxed and sociable time for patients, good nutrition is of high importance to this patient group, and is frequently an area neglected by patients.

## Service Development

All staff are currently attending events arranged for the development of Tier Four Services. Major changes are planned for Partial Hospitalisation Services across the city. APTU staff are keen to be part of this planning process.

## (iii) PARKHEAD HOSPITAL – ALCOHOL DAY UNIT 2004

The Alcohol Day Unit provides a range of services which are flexible, accessible and aim to meet the needs of those with alcohol and drug related problems residing in the East End of Glasgow. Specific pharmacological and psychosocial interventions are delivered by a specialist multidisciplinary team which includes psychiatrists, nurses, occupational therapists and psychologists. On site pharmacy is also available. Our services are complementary and interface with primary care, general psychiatry and social services. In order to match the patient with the most appropriate treatment a comprehensive assessment is carried out. ICD10 diagnosis is also used to guide the decision making process regarding the most appropriate treatments and inform clinical management. Treatment is based on the degree of dependence, severity of the problems, social stability, personality type, psychiatric co-morbidity and the social and psychological contingencies that reinforce drinking. Both alcohol misuse and alcohol dependence are seen as lying on a continuum ranging from mild to severe and the service reflects this. Interventions vary in intensity and are both clinically and cost effective. These include motivational enhancement therapy, coping/social skills training, relapse prevention and marital/family therapy. All these treatments are evidence based and in accordance with Health Technology Board Scotland and Scottish Intercollegiate Guideline Networks. In addition to psychosocial intervention, pharmacological treatment options such as Acamprosate and supervised oral Disulfiram are available. These are also recommended adjuncts to psychosocial interventions. Our overall goal is to provide a treatment system that is planned, coordinated and flexible enough to change in response to the changing needs of the local population and development in scientific research and treatment technology.

### Service Provision and care pathway

See appendix 1

### Service Development

The following list highlights specific service developments over the past year.

- Pilot study of opiate detoxification prescribing Buprenorphine. A protocol was also developed and is used supplementary to guidelines.

- Naltrexone clinic set up for the assessment and monitoring of patients being considered or being prescribed Naltrexone.

- Development of Disulfiram assessment and monitoring tool.

- Updated comprehensive relapse prevention packs based on the work of Annis and Marlatt. Teaching and treatment packs are both available.

- Review of content and delivery of a 4 week abstinence based programme. Audit of patients views of this programme were also incorporated into this review. As a result of the review, information leaflets, educational handouts and personal treatment packs are given to all patients attending.

- Controlled drinking guidelines and objectives for individual and group based work was developed and adapted from the work of Bien, Miller and Heather.

- Abstinence group – a structured 8 session weekly group was set up for those wishing to remain abstinent. An information sheet and leaflet was developed for patient use. Sessions include managing stress and anxiety, nutrition and abstinence, addressing boredom and increasing self esteem.

- Narrative Therapy – Narrative therapy which was developed by family therapists Michael White and David Epston is currently being integrated with the stages of change model. Handouts related to pre-contemplation, contemplation, action, maintenance and relapse are available.

- Health Education and Nutrition Group – this was developed to provide group and individual sessions related to encouraging awareness of the benefits of a healthy diet. Further sessions related to sleep hygiene, exercise and harmful effects of smoking are currently being developed.

- Women's Health Fact Sheet – this was developed due to the increased number of women being referred to the service and the literature and research that suggests that women's needs differ from men's in terms of their substance use and engagement in treatment.

- Creative Therapies – greater links made with Streetlevel Photoworks to encourage patients who had attended photography groups to join studio as independent members. This allowed patients to utilise local resources and make links with other community facilities providing creative activities.

- Community Links – established working links to specific community resources including Community Connections at John Wheatley College, the Alternative Stress Centre, the G.P. Exercise Scheme, and the Volunteer Centre.

## Training

Members of the multidisciplinary team have undertaken training in the following areas.

Nursing

- Venepuncture training
- Blood Borne Viruses and Related Issues
- Domestic Abuse seminar
- Brain and Addiction lecture
- Innovations in the Treatment of Addiction training conference
- Skills for Running Groups
- Food and Nutrition conference
- Occupational Health seminar
- Mentorship training and CPR – immediate life support course Resuscitation Council UK.

- Future proposals – BA nursing studies – September 2004 – this incorporates three accredited modules. CBT, Addictions and Professional Development

- Understanding the Code – September 2004 – run by the Nursing and Midwifery Council.

Occupational Therapy

- Introduction to Clinical Audit
- Introduction to Music and Art Therapy
- Critical Appraisals Skills course
- Assessment of Motor and Process Skills Calibration course
- Health Technology Board Scotland Alcohol Guidelines conference
- Completion of year two of MSC in Family Therapy and Systemic Practice
- Understanding Memory one day Seminar.

Medical Staff

- Understanding Memory one day Seminar, Royal College of Psychiatrists Faculty of Substance Misuse conference.

**In-service Training**

Recent in-service training has included the following: -

- Liver Function tutorial
- Neurobiology of Addiction
- Kindling in Alcohol Withdrawal.

**Education**

The Day Unit provides clinical placements for medical, nursing and occupational therapy students.

Medical staff provide supervision, tutorials and mock clinical exams to medical students rotating through the unit.

**External Training Provided**

G grade nurse provides anaphylaxis/CPR training to nursing staff working within the Primary Care Trust.

**General Training**

Fire safety and moving and handling.

**Research**

- Current project –investigating the extent of Folate and Vitamin B12 deficiencies in patients attending alcohol services – comparison group: patients attending general psychiatric services.

- "Addiction Service Development – Impact on Admissions for Alcohol Detoxification". Parkhead Hospital, Glasgow, January 2004.

In preparation for publication.

- "Morbidity in Alcohol Dependent Patients in East Glasgow over a 13 year period". Parkhead Hospital, Glasgow, March 2003

  The findings from this study were presented in a poster at the Joint Meeting of the Faculty at the Psychiatry of Substance Misuse of the Royal College of Psychiatrists, Association of European Psychiatrists and the World Psychiatric Association; May 2003, Barcelona.

- "Suspicious Minds – A Family History of Morbid Jealousy". (Case report) – Parkhead Hospital, Glasgow 2003.

  Submitted for publication to journal Alcohol and Alcoholism.

- Occupational Therapist involved in research group devising a Coping Skills training manual for alcohol dependence in line with Health Technology Board Scotland recommendations.

- Cannabis study – Joint medical and nursing study researching the attitudes and understanding of patient Cannabis use amongst staff working within Mental Health. Research also looking at previous studies.

**Literature Review**

- Psychosocial interventions for substance misuse – over 60 articles related to this topic have been identified and are currently being reviewed in relation to our current service provision.

- 20 articles reviewed in relation to current research which discusses the effectiveness of family therapy in the field of addictions and in particular relapse prevention.

- Literature search and audit to establish the current – Literature search and audit to identify current treatment/services available for younger adults. A literature search in addition to reviewing Health Technology Board Scotland guidelines and Scottish Executive Plan for Action 2002.

**Staffing Levels**

Dr P Jauhar, Consultant Psychiatrist
Dr F Skelton, Associate Specialist
Dr P Larisma, Staff Grade Psychiatrist
Dr I Seeger, SHO
Maureen Sullivan, Day Services Manager
Tracy Stafford, Charge Nurse
Marie Conway, Staff Nurse
Laura Smith, Staff Nurse
Iain McGoldrick, Staff Nurse
Michelle Rodger, Staff Nurse
Christine Work, Senior I Occupational Therapist
Agnes Byrne, Medical Secretary
Christine Burke, Medical Secretary
Moira Montgomery, Secretary
Grade 3 Secretary – Part time - Vacant
Clinical Psychologist – 0.5 - Vacant

**Stats**

| | | | |
|---|---|---|---|
| • Out patient Clinics – | New Attenders | - | 291 |
| | New DNA | - | 247 |
| | Return Attenders | - | 1165 |
| | Return DNA | - | 505 |
| • Day Hospital - | New Attenders | - | 671 |
| | New DNA | - | 243 |
| | Return Attenders | - | 3052 |
| | Return DNA | - | 932 |

- Referrals from Alcohol Day Unit (December 2003 – May 2004)

| | | |
|---|---|---|
| North/East CAT | - | 41 |
| East CAT | – | 84 |

- Referrals from East Cat to Alcohol Day Unit (December 2003 – May 2004) - 25

Appendix 1

**PARKHEAD HOSPITAL**
**ALCOHOL & DRUG SERVICES**

**C A R E  P A T H W A Y**

**HEALTH PROFESSIONAL REFERRAL**

**EMERGENCY**
**N/K to Service**

**appropriate)**

**Duty Doctor**

**URGENT**
**(reviewed daily)**

**ROUTINE**

**EMERGENCY**
**Known to Service**
**(assessed as**

**WEEKLY ALLOCATION MEETING**

**ASSESSMENT**

**OCCUPATIONAL THERAPY**

Functional Assessment
Life skills training
Life style management
Creative Therapies

**NURSING**

Alcohol/Drug detoxification
Administration of parenteral vitamins
Supervision of relapse prevention medication
Shared care clinics
Blood investigations incl. FBC, LFT's

**MEDICAL**

New & return out-patient clinics
Acamprosate clinic
Disulfiram clinic
Naltrexone Clinic
Poly drug abuse clinic
Opiate Clinic
Psychiatric assessment
In-patient post discharge follow-up
Domiciliary visits

**PSYCHOLOGY**

Assessment
Therapy
Psychological Assessment

**IN-PATIENT**

Neuropsychological Assessment
Detoxification
Cognitive Behavioural comorbidity / ARBD

**CPN'S**

Urgent/Routi
Assessment

**SPECIALIST PSYCHOLOGICAL / PSYCHOSOCIAL INTERVENTIONS – BY ALL HEALTH CARE PROFESSIONALS**

| | |
|---|---|
| Relapse prevention | 4 week abstinence treatment programme |
| Coping / social skills training | 12 session abstinence group |
| Motivational enhancement therapy | Harm reduction |
| Marital / family work | Controlled drinking programmes |
| Behaviour Self Control Training | Women's services |
| Solution Focused Therapy | Health education |
| | Anxiety management |
| | Stress management |
| | Adjustment reactions e.g. bereavement work |
| | Maintenance / individual and group work |

**DISCHARGE**

General Practitioner / Mental Health Services / Rehab Facilities / Voluntary Agencies

## (iv) CO-MORBIDITY EVALUATION & TREAMENT TEAM ANNUAL REPORT 2003/04 ADDENDUM

The Co-Morbidity Evaluation and Treatment Team is a community-based, specialist multi-disciplinary team, providing a comprehensive service to individuals with serious mental health and drug abuse problems. The team operates Glasgow-wide (i.e. serves the entire GGHB area) via a combination of assertive community outreach by team members, outpatient clinics, and inpatient care.

The ages catered for are between 16 and 65, with the majority of clients falling into the 20-45 years old range. Clients are actively encouraged to engage with advocacy services (largely via the GAMH Advocacy Matters services), and their families and carers are also actively consulted with the clients consent. Active communication with other agencies (including GPs etc) is obviously crucial to the package of care offered, and a high proportion of clients are also subject to the Care Programme Approach, which serves to enhance communication and provide a framework for formalising arrangements.

The team was set up from the start to incorporate joint working between health and social services; the team is jointly funded and the staff group has included individuals from both health and social service backgrounds. We established our own comprehensive assessment document at the inception of the team, which incorporates assessment of clients' functioning in six domains:- mental health; substance misuse; physical health; health risk behaviour; social functioning and legal/forensic issues. The document overlaps to a large extent with the recent Joint Future shared assessment document, but is more targeted to the assessment of clients with serious mental illness. We intend to ensure that data gathered from our client base is compatible with the Joint Future assessment data base.

### Staffing

The full complement of staff in the team comprises 1 consultant psychiatrist, 1 staff grade psychiatrist, 5 community psychiatric nurses (1 G, 1 F and 3 E grades), 2 social workers at senior project worker level, 1 psychologist, and 2 administrative staff. Of great concern is the current lack of social work input to the team. One senior project worker left in June 2001, and has never been replaced, the second moved on in April 2003, and again there appear to be no plans for a replacement. Neither job has been so far been advertised by social services, and this matter is obviously of great concern, especially to a team whose basic remit in joint working.

The broader training issues relevant to the team have been covered in the main body of the directorate's annual report. All staff from a health background in the team are currently developing PDPs and Dr Shaw is involved in peer review and the appraisal process. The team has regular internal teaching sessions on Wednesday afternoons, with a regular timetable of events.

## Service Developments

Recent developments have focused on the re-focusing of the teams' work on the serious mental health end of the spectrum, and in particular in improving our liaison links with the CMHTs

Proposed service developments centre around:- 1) A proposal to provide a pilot teaching/training/liaison service to the general psychiatric wards in MacKinnon House, which would then be extended to relevant CMHTs. This would provide a pilot model for helping and supporting general psychiatric services in dealing with the large number of clients with co-morbidity problems in their services. 2) A further proposed development is to identify some inpatient beds in MacKinnon House which could be used for clients of our service, rather than the current situation which involves using the catchment area beds around the city as required; this presents great problems with respect to continuity and consistency of

## Service Activity

Basic service activity figures are presented in the main activity report. The overall number of referrals is lower than it otherwise would have been, because of a decision to tighten our referral criteria in light of the above staffing problems. Waiting times are the subject of an audit; clients accepted for assessment should be seen within two weeks of the referral meeting.

## Clinical Governance Issues

Our assertive outreach model is compatible with the available published evidence base for working with clients with co-morbidity problems. The team has been visited and assessed by the Clinical Standards Board for Schizophrenia, and our practice was found to be in good agreement generally; we have incorporated some modifications as appropriate. Two audits are currently in progress, one on waiting times, the other on client profiles and treatment targeting. Current research includes 1) an assessment of client outcomes as a result of provision of atypical antipsychotic medication on a daily dispensing basis from community pharmacists, 2) outcome data

## (v) ORCHARD FOUR 2003/4

### Description of service.

Orchard four currently provides detoxification, counselling and assessment facilities to patients with a Chemical Dependency. This service currently covers North Glasgow which has a catchment area of approximately 190,000. We provide this service to patients above the age of 16yrs.

User involvement is ongoing and we are currently developing a user group which will specifically be involved in all aspects of the new development at Stobhill. Periodically patients are asked to complete questionnaire regarding new issues and developments within the unit. We also have regular "community meetings" where patients are encouraged to voice their opinions and make suggestions which can improve the service.

### Staffing

Currently 1 ward manager
1 deputy manager
10 staff nurses
4 nursing assistants
1 Admin assistant

We have no vacancies at present.
Training in the last year has included Co-morbidity training, some staff completing return to learning course. Various day courses and some staff nurses attending. During the last year I have also completed the R.C.N Leadership course.
Personal developments plans are ongoing with most staff. Night shift still to be seen
With regard to team learning we are all working together to develop an Educational programme which all patients will participate in during their stay in the unit. Each member of staff has a chosen topic to research and will share this information with all the staff.
All staff currently participate in regular supervision.

### Service Developments.

The new purpose built addiction unit should be opened in the summer of 2004. The unit will have 15 beds and a separate partial hospitalisation. This will cater for day-patients and out-patient clinics.
We hope to continue developing our educational programme and when we move to the new unit that all staff will be proficient in taking these sessions.
With the development of CAT teams we hope to improve the service and deal with clients in most need of specialised care.

**Clinical Governance.**

All issues are ongoing. We are constantly reviewing and trying to update our practices. We have regular staff meetings where frequently review our policies and procedures to try and improve the service. E.g standard detoxes etc.
As stated previously we regularly have community meeting with our patients and review our policies where appropriate. E.g. we recently reviewed our visitng policy when difficulties were highlighted by the group.

Ward audits take place on a regular basis. This includes careplan auditing etc.

## (vi) PRACTICE DEVELOPMENT NURSE REPORT 2003/4

The Practice Development Nurse is a member of the Directorate Management Team and has a remit within the directorate centred on developing nursing practice and changing culture. In particular:

- Developing and enhancing specialist nursing knowledge.
- Sharing good practice.
- Identifying nursing training needs
- Developing and co-coordinating training and development activity.
- Developing and evaluating clinical guidelines, policies and procedures.
- Identifying competencies for nursing staff in addictions
- Promoting Clinical Audit within the directorate.

The PDN has been instrumental in the noticeable increase of training and development opportunities, both statutory and non-statutory available to staff in the directorate.

The PDN has also been actively involved in other strategic work with the directorate and other partner departments and agencies e.g. Glasgow City Council Review of Purchased services, Integrated Addiction Services, Joint Addiction Training Board, developing links with Primary Care Division (Glasgow Drug Problem Service).

## (vii) GREATER POLLOK COMMUNITY ADDICTION TEAM

Social Work Addiction Services and Health Addiction Services have now come together to become a joint team. This team is now known as Greater Pollok Community Addiction Team and will develop over the coming year to offer a fully integrated service for people who have alcohol or drug issues within the locality.

### Staff Team

The full team comprise of addiction workers who have either a social care or nursing background. The full nursing component of the team is made up of both Registered Mental Health Nurses (RMN) and Registered General Nurses (RGN) as follows:

**1 H grade Nurse Team Leader (RMN)**
**1 G grade Charge Nurses (RMN)**
1 G grade Charge Nurses (RMN)
**1 G grade Charge Nurse (RGN)**
**2 E grade Staff Nurses (RGN)**
2 E Grade Staff Nurses (RMN)
**1 B Grade Support Worker**

(Current staff complement highlighted. We hope to reach full staff complement over the next few months).

### Statistics (2003-2004)

As the nursing team has come together in April 2004 the above statistics are incorporated into the figures for the previous South Community Alcohol Team and the Glasgow Drug Problem Service south clinic (GDPS).

Currently the staff team are supporting 80 clients who previously attended the GDPS south clinic and 55 clients who have transferred form the South Alcohol team.

### Nursing Role

All social work and nursing staff will provide keyworker and care management functions within the team. However, the nursing team will also

- Undertake comprehensive assessments of client's physical, psychological and social needs in relation to their alcohol and/or drug misuse problem.

- As part of a crisis management service screen for psychological and physical problems, complete a risk assessment and refer to GP / secondary

specialist service as required. This is felt to be a vital role within the CAT. The nursing staff in the CAT are well positioned to facilitate the move of clients from tier 3 to tier 4 services without the present barriers thus preventing vulnerable clients falling between services.

- Carry out supported home alcohol detoxification service, nurse led in partnership with the patient's GP. A large proportion if not the great majority of alcohol dependent patients can be detoxed safely and successfully in the community.

- In partnership with the Shared Care Clinical Co-ordinator & GDPS promote and support the methadone shared care programme with GPs and other primary care staff. Offer a comprehensive package of training, support and supervision to the work already going on in primary care and social work with the goal of developing and empowering primary care to realise its full potential in managing, treating and caring for drug misusers.

- Provide a mental health assessment and ongoing intervention with clients who have mild to moderate mental health problems secondary to alcohol/drug dependency. Consulting with, and/or referral onto secondary specialist services where appropriate.

- Develop a range of evidence-based individual and group interventions relating to all substance misuse, and deliver these in conjunction with other team members.

- Be available for consultation and offer information and support to colleagues regarding substance misuse health problems, and mental health co-morbidity secondary to alcohol and drug use.

- Carry out physical assessments in relation to the client's alcohol/drug use and liaise with the GP and/or Secondary Specialist Services as required. (Example vitamin replacement therapy, nutritional advice, hepatitis B&C information/advice) This will include demonstrating a willingness to extend clinical practice in view of new developments for example in nurse prescribing e.g. for wound care.

- Carry out supported community drug detoxification in liaison with medical staff working at the secondary specialist level/ GP as appropriate.

- Provide community follow up for patients prescribed ongoing pharmacological interventions (eg. Antabuse, Acamprosate, Naltrexone.) Monitor medication and provide concurrent support and counselling, reporting back to the patients Responsible Medical Officer on a regular basis.

- Provide follow-up to appropriate patients on discharge from inpatient and day hospital care (includes addiction as well as generic psychiatry). Extending this role to include assertive follow-up of the most vulnerable patients who have fallen out of treatment at tier 4.

## Next Steps

Over the next 3 months we aim to promote the CAT development with our local stakeholders and encourage referrals to the team. We will also begin to coordinate referrals internally to ensure that the nurses' skills & expertise are utilised appropriately to meet client need.

We are encouraged by the CAT development and confident the team that we will be fully operational and integrated over the next few months.

**Frances Rodger**
**Nurse Team Leader**

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***SECTION 8.2***

# Alcohol and Drug Directorate; Psychiatric Co-morbidity Training

## Interim Report

### 1. Proposal

A proposal was made to the Greater Glasgow Health Board alcohol steering group and the Joint Addiction Training Board to provide multi-agency training on psychiatric co-morbidity for ninety staff by providing a Centre for Alcohol and Drug studies module on psychiatric co-morbidity for South and West Glasgow.

Seven modules were proposed with backfill monies provided to allow in patient nurses to attend this training. The total cost of the proposal was £27,986.68.

The Practice Development Nurse co-ordinated the training with assistance from the Organisational Development Department to ensure that the issues of non-attendance were minimised and to achieve a suitable location for the training.

### 2. Aims

The Centre for Alcohol and Drug Studies, University of Paisley, runs a module titled: Co-
morbidity: Alcohol, Drugs and Mental Health. This module aims;

- To describe the physical and psychological effects of Alcohol and Substance misuse
- To critically analyse the various methods used for assessing alcohol, drug misuse, and co-morbidity
- To recognise and reflect upon the commonalities and differences of alcohol and drug misuse and mental health
- To compare and assess strategies for interventions and treatments for substance misuse, alcohol and Mental Health
- To summarise and evaluate the impact of Alcohol and/or Substance misuse upon mental illness

This module was adapted to be provided locally over the space of week. Participants had the option of pursuing accreditation for the module if they were willing to complete a 3,000-word essay to University standard.

## 3. Training modules

The ninety places were delivered in seven training modules; these were completed by 02/04/04. The modules were held on the weeks beginning 15/09/03, 13/10/03, 10/11/04, 01/12/03, 19/01/04, 15/03/04 and 29/03/04. These were all held in the North Glasgow Community Alcohol Service, 101 Denmark Street, Possilpark other than the 13/10/03 event which was held in the University of Paisley.

The ninety staff comprised; 3 Alcohol and Drug Directorate, 32 General Psychiatry, 31 Community Addiction Team ( including Glasgow Drug Problem Service and Alcohol and drug directorate Community staff ) 4 Homeless addiction Team, 7 Glasgow City Council , 12 External Council and 1 Drug Court Worker.

## 4. Feedback from previous psychiatric co-morbidity training

Dr A N Hutchison, Centre for Learning and Teaching, University of Paisley prepared a module evaluation report on 20/05/02 module. The evaluation was based on structured small group interviews and feedback. The class members were given time to draw up their own individual list of issues. They were asked not to consult with each other in the first phase but to record their own reactions: the things (both positive and negative) that they thought should be highlighted. Once they had done this, they were allocated a small group to draw up a list of points upon which they were all agreed

***An end of Course questionnaire was sampled with the 13 participants of the 18/03/02 module. They rated the module as follows***

| | **Excellent** | **Very Good** | **Good** | **Average** | **Poor** | **Bad** |
|---|---|---|---|---|---|---|
| General Course Content | 73% | 18% | 9% | | | |
| Organisation of Time | 55% | 36% | 9% | | | |
| Quality of trainers | 91% | 9% | | | | |
| Suitability of Venue | | 9% | 18% | 36% | 27% | 9% |
| Handouts /leaflets | 55% | 45% | | | | |
| Enjoyment of session | 73% | 27% | | | | |
| Usefulness to you | 73% | 27% | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Alcohol as a drug | 36% | 63% | | | | |
| Alcohol withdrawals | 36% | 54% | 9% | | | |
| Alcohol and Mental Health | 45% | 45% | 9% | | | |
| Alcoholism and Schizophrenia | 27% | 54% | 18% | | | |
| Commonalities in Addictive behaviour | 18% | 73% | 9% | | | |
| Drugs and their effects | 18% | 73% | 9% | | | |
| Illegal Drugs and Mental Health | 27% | 63% | 9% | | | |
| Definitions of Dual Diagnosis | 54% | 45% | | | | |
| Screening and Assessment | 27% | 63% | 9% | | | |
| Risk Assessment | 45% | 54% | | | | |
| Case Studies | 54% | 36% | 9% | | | |
| Behaviour Change | 36% | 54% | 9% | | | |
| Stage Approach to treatment | 18% | 73% | 9% | | | |
| Substance Misuse and Mood Disorders | 36% | 36% | 18% | | 9% | |
| Discussion paper | 45% | 45% | 9% | | | |
| Treatment models of Co-morbidity | 36% | 63% | | | | |
| Policies for management | 18% | 63% | 18% | | | |

## ***SECTION 8.3***

## ***CHARTS***