



Specialist Drug & Alcohol Service

Annual Report

2016-2017

CONTENTS

	Page
1 Summary	3
2 Resources	4
2.1 Budget	4
2.2 Staffing	4
3 Activity	4
3.1 Referrals	4
3.2 Client Contact Data	5
3.3 Exchange Data	6
3.4 Waiting Times	8
3.5 Referral Agents	8
3.6 Referrals by Age	8
3.7 Referrals by Locality	9
3.8 Outcome Data	9
3.9 Discharge Data	10
4 Current Projects and Developments	11
4.1 Development of Psychological Interventions	11
4.2 LGBT Charter Mark	11
4.3 Mental Health	11
4.4 Social Media	12
4.5 Sexual Health	13
4.6 Motivational Interviewing Coach Groups	13
4.7 Development of Multi-agency Antenatal Clinic at Galloway Community Hospital	13
4.8 Take Home Naloxone Project	13
4.9 Children and Families	14
4.10 E-Health	14
4.11 Blood Borne Virus	14
4.12 Liaison Service	15
4.13 Service User Involvement	15

1. SUMMARY

The following report provides information of the resources available to deliver the Specialist Drug and Alcohol Service within Dumfries and Galloway, coupled with data around the service workforce activity. The report uses a comparison method model to compare previous year's data, providing the reader with an element of context. This also allows for identification of trends and or stand alone information which will contribute to future service delivery.

The service is delighted to confirm that it has continued to meet the waiting times to treatment A11 Heat Target and would highlight the commitment and effort the staff group made to meeting this performance indicator. The report also highlights, that it has made the target of no service user waiting more that 35 days for referral to treatment. Introducing and supporting an assessment clinic in the Dumfries Burgh, coupled with the introduction of Video Conferencing E- Health facility in the West of the region contributed significantly to the Service achieving this aim, both developments were driven by the two Team Leaders within the Service.

A number of staff have now achieved their banding level as agreed within a service redesign model introduced in 2015-2016. Increased nurse banding has improved flexibility within the staff group, resulting in cross cover and increased staff autonomy. In addition the role of the Senior Health Care Support Worker has been reviewed and supervised by a senior staff member achieving the aim of establishing and agreeing the roles aims and objectives consistent across the region. It is envisaged that further resources will be invested into the Health Care Support Worker, role with the aim of creating a standalone team within the Service.

The Service staff have committed to a Service and professional development model which relies on nominated leads as agreed with line managers. In order to reflect the level and quality of the development work the report contains detailed information on key development areas. The Service Manager would welcome any discussions or notes of interest in relation to the development areas which is consistent with a shared learning and networking approach.

The overwhelming referral agent for the Service in 2016-2017 was GP Primary Care, which is consistent with the previous five years of referral data. It is encouraging that a strong referral link has been maintained with Primary Care and the use of electronic referral systems has improved referral information and transparency of referral management, supporting more robust triaging. It is envisaged that a future challenge for the Service will be any further reductions in the shared care working agreement in place with Primary Care, where Primary Care manage people who have reached a level of stability and are in recovery. In order to meet this challenge the Service is actively pursuing a shared care model with community pharmacist colleagues, with a clinic in operation in Dumfries and Castle Douglas, which is providing a highly valued Service.

In order to provide a Specialist Service for people being referred into Service, who are experiencing acute levels of emotional distress, physical health challenges and Mental Health issues, the Service, as part of the ROSC (Recovery Orientated System of Care), expects to review the plan on how best to provide an efficient and recovery focused service for people who are expected to be requiring Services for a significant period of time. This will be an opportunity to review and strengthen partnership working and evaluate the interventions and services provided within Dumfries and Galloway ROSC.

2. RESOURCES

2.1 Budget

During 2016-17 the service continued to operate with the reduced funding for Drug Treatment & Testing Orders of £37k plus a full staffing and service review was undertaken which resulted in a contribution to the Board's savings target of £64k.

The under spend for the year was mostly due to vacancies within clerical staff at the start of the year plus a long term sickness at Band 6. £20k of this under spend had been allocated to purchase tablets for the service however IT were unable to complete the order in time for year end.

	Annual Budget	YTD Actuals	YTD variance
Substance Misuse Service	1,626,322	1,597,999	28,327

2.2 Staffing

There has been a number of registered nursing staff who have worked through the structured development process, agreed via staff side, Human Resources and Practice Education. The band change supported the nursing team to increase their clinical nursing banding from a five to a six, resulting in increased delegation and autonomous working.

The Service Administration staff devised a mandatory training spreadsheet and reminder system for all staff, which is reported via the Service monthly management team meeting. The outcome of which has been a mandatory training compliance score of 97%, which is a significant improvement on previous years. There was an 80% compliance with recording and completion of Annual Development Reviews on eksf in the past 12 months but there is less evidence of recorded Personal Development Plans (PDPs) with only 42% of staff having recorded PDPs on eksf.

3. ACTIVITY

3.1 Referrals

A total of 910 (595 alcohol 65%), (315 drugs 35 %) were referred to the Service during 2016-17, this presents as an overall reduction. The Service has opted to use the ISD waiting times report figures for 2016-2017 annual report, as the ISD data base is validated and improves efficiency. However, in doing so referrals which the service has received but has triaged to other more appropriate Services, is not represented within the ISD system, this numbered 227 for the period 2016-2017. The report would comment that this is the explanation for the documented reduction in referrals.

In addition the introduction of an alcohol review clinic has resulted in a reduction of the amount of clients leaving the service and being re referred back to the Service, which the report would comment is a positive development.

The following table shows the pattern of referrals over the past 5 years

	1 Apr – 30 June	1 July – 30 Sep	1 Oct – 31 Dec	1 Jan – 31 March	Total
2012-13	218	209	192	197	816
2013-14	242	289	261	250	1042
2014-15	215	235	295	237	982
2015-16	240	263	241	258	1003
2016-17	227	229	227	227	910

3.2 Client Contact Data

The following table shows the number of referrals received per client group, with information relating to current caseload, number of sessions provided and total number of contacts during the year. Referrals for people with alcohol problems reduced, bringing them in line with that of 2014-15 (663) whilst referrals for drug related problems rose by 10% (33). The trend of increasing drug referrals has continued with numbers up by 65% of those recorded in 2010-11 (213).

The percentages of people referred that had no previous contact with the Service were 29.3% for alcohol problems, similar to the previous 12 months whilst 19.3% of people with drug related problems had no previous contact with the Service, up from level recorded in 2014-15 at 16%. This reverses the trend seen in the previous year and may reflect anecdotal information towards the end of this reporting period that indicated a number of new younger adults with opiate related problems in the community. The number of people in contact with the Service at 31st March 2016 is similar to that at the beginning of the year. It had been anticipated that the number of people with drug problems in contact with the service would reduce as new GP Practices (Charlotte Medical Practice, Wigtown Medical Practice & Whithorn Surgery) agreed to provide care under the Local Enhanced Service for drug related problems but to date this has not changed the number of people in contact with the Service. This is in part due to some GP Practices having limited involvement in the Local Enhanced Service.

The following table sets out the information described above.

	Total	Alcohol	Drugs
Number of active clients at 31 March 2015	584	142(24.3%)	442(75.6%)
Number of referrals	1003	651(64.9%)	352(35.1%)
Number with no previous contact with Service	259(25.8%)	191(29.3%)	68(19.3%)
Number of clients taken on 1 April 15 – 31 March 16	735	495	240
Number of active clients at 31 March 2016	648	170	478

The following table shows the number of appointments offered with details of the rates of cancelled and failed appointments.

Number of individual sessions offered	11,366
Number of individual sessions attended	8,086 (71%)
Number of cancelled appointments	1,337 (12%)
Number of DNA appointments	1,738(15%)
No of public access drop-ins	871
Total number of contacts	12,277

The majority of referrals (85%) for drug related problems was for people using heroin or prescribed methadone (people released from prison or transferring from GP care). Polysubstance use remains a common feature in Dumfries & Galloway with illicit opiates, diazepam and alcohol common features in reported substance use, non fatal overdoses and drug related deaths. The trend of injecting NPS alone or mixed with heroin has continued and is linked to an increase in serious injection site infections.

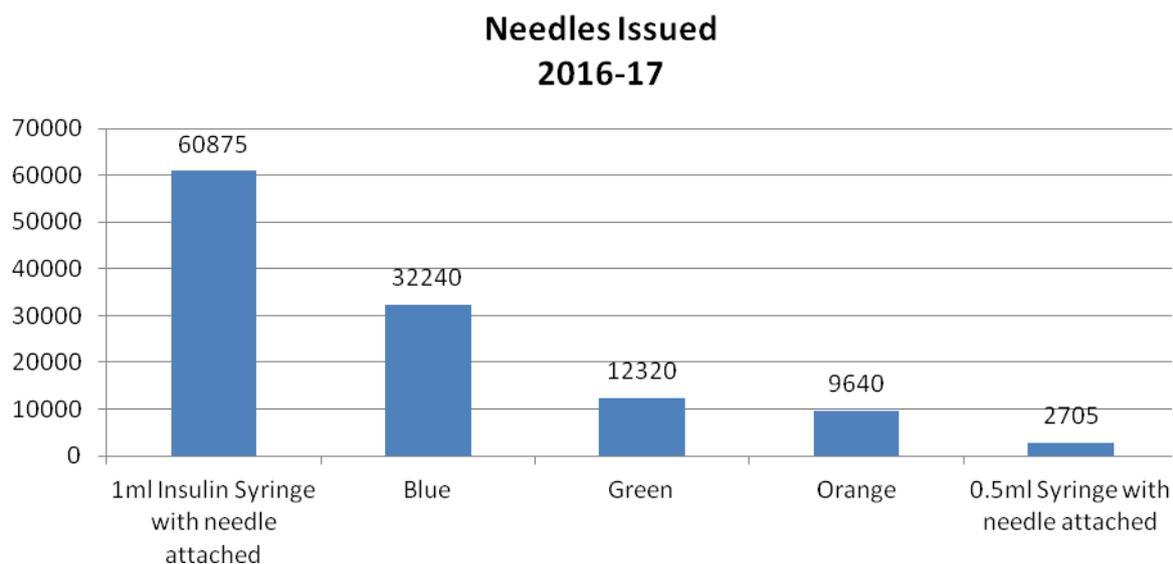
Drug	Females	Males	Total
Amphetamine	0	5	5
Cannabis	7	27	34
Cocaine	2	6	8
Ecstasy	1	1	2
Benzodiazepines	3	8	11
Heroin	61	106	167
Methadone	31	69	100
Dihydrocodeine	2	5	7
Over the counter	13	5	18
Total	120	232	352

3.3 Exchange Data

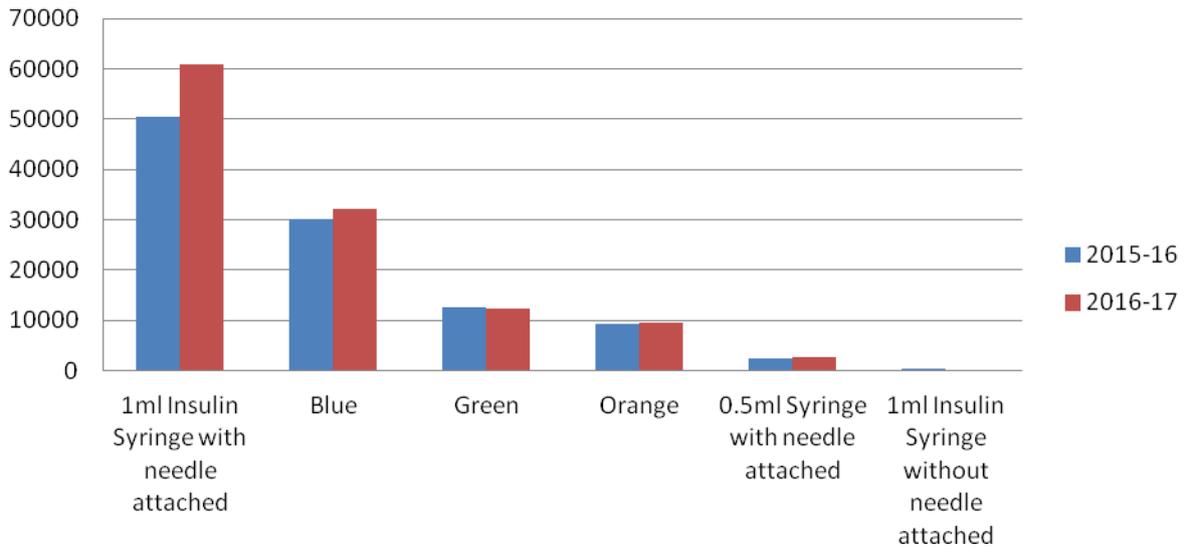
Whilst there has not been a significant number of service users accessing the outreach needle exchange during 2016-2017. There has been a significant increase in the issuing of 1ml needles and syringes and needle, an explanation for the increased issuing may be related to the service user feedback that the needles being used in pharmacy dispensing areas are of an inferior quality. In addition, anecdotally the ageing injecting drug using population in Dumfries and Galloway describe challenges in locating injection sites due to long term use, and a consequence use multiple needles for each injecting episode.

The aim of the Senior Outreach worker 2017-2018 will be to assess the standard of safe injecting equipment being issued from needle exchange facilities and provide a report to the Alcohol and Drug Partnership. There is also an expectation that a needs assessment planned for Dumfries and Galloway older drug using population will include challenges around injecting behaviour.

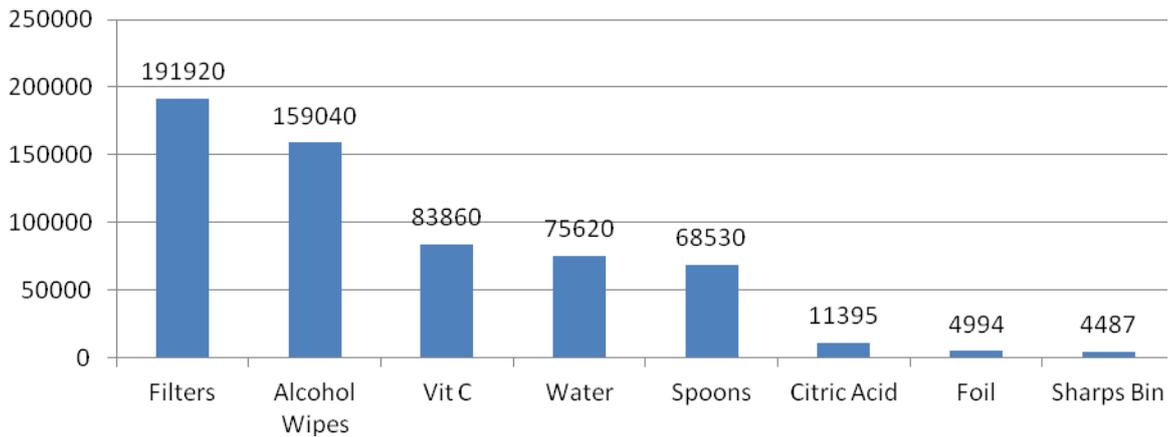
The following graphs provide some detail around the equipment supplied by John Miller, Senior Outreach Worker in 2016-17.



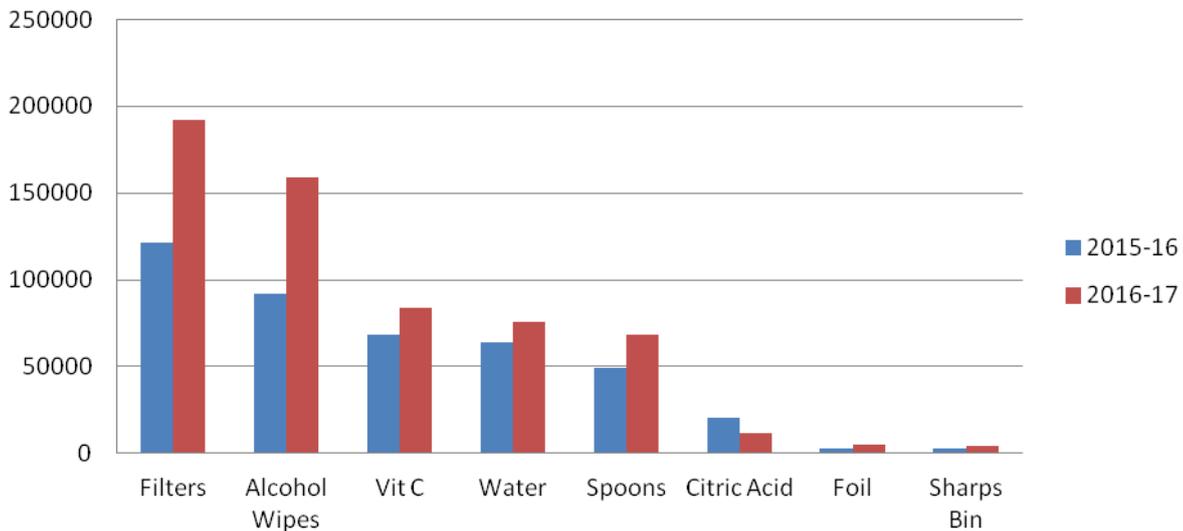
Needles Issued



Items Dispensed 2016-17



Items Dispensed



3.4 Waiting Times

The HEAT Target sets out that 90% of people accessing Alcohol and Drug Services should commence treatment within 21 days of their date of referral. During 2016-17 98% people accessing treatment with this Service were seen within 21 days of their date of referral compared with 93% in 2015-16.

In addition as per Service delivery target no referral waited longer than 35 days from referral to treatment commencing.

3.5 Referral Agents

The report would draw attention that highest number of referrals, by a significant margin, originates from Acute and Primary Care settings. The result of which will be the Service focusing resources in the coming years to ensure that those major stakeholders are satisfied and place value in the service provided by the Specialist Drug and Alcohol Service.

In addition there will be a scoping exercise to determine the reasons behind low level referral rates from organisations where referrals would be expected to be higher and provide comment within the next annual report.

The following table details information of referrals received by referral agent.

Referral Agent	Alcohol	Drugs	Total
General Practitioner	275	122	357
DGRI/Galloway Hospital	122	18	111
Mental Health Service	37	16	53
Self	83	95	178
Prison	1	21	22
Third Sector Addiction Services	55	30	85
Other Drug Service	0	4	4
Social Work (Children & Families)	3	3	6
Social Work (Criminal Justice)	0	2	18
Social Work (other)	4	1	5
Maternity Services	0	0	0
Family	12	3	15
Other	3	0	3
Total	595	315	910

3.6 Referrals by Age

The age profile across all referrals is generally in line with that of previous years, however although the pattern of alcohol referrals is unchanged there does appear to be an upward trend in the age profile of people referred with drug problems in keeping with national trend of an ageing cohort of dependent opiate users.

This age profile is illustrated in the following table.

	Alcohol		Drugs		Total
	Male	Female	Male	Female	
Under 18 years	0	0	0	0	0
18 – 25 years	30	8	27	21	86
26 – 35 years	70	22	103	45	240
36 – 45 years	71	32	69	31	203
46 – 55 years	115	39	19	12	185
56 – 65 years	63	20	6	1	90
Over 66 years	37	11	1	0	49
Total	443	132	225	110	910

3.7 Referrals by Locality

Referrals in Dumfries have decreased by 5% (21) compared with the previous 12 months whilst Team East recorded an 8% (27) decrease in referrals and Team West recorded a 4% (10) decrease. Work will be carried out over the next 12 months to determine if the current staffing allocation reflects the service demand.

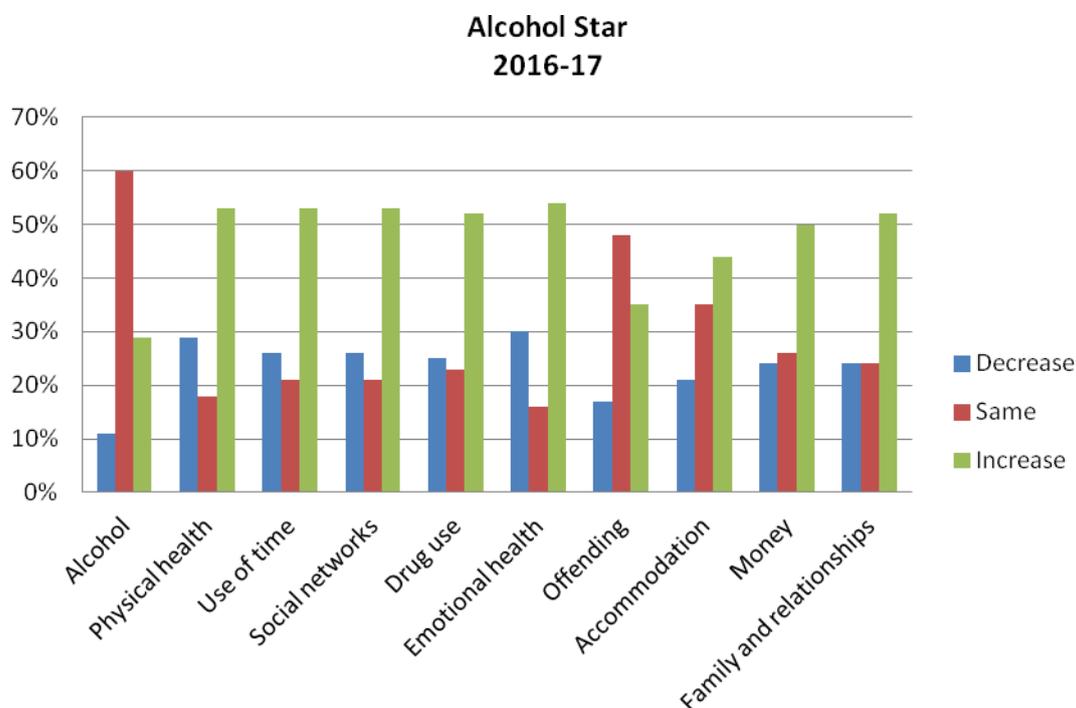
The following table and charts illustrate the geographical spread of referrals received.

	Total
DG1	150
DG2	188
Dumfries	335
DG3	27
DG4	33
Upper Nithsdale	60
DG5	27
DG6	29
DG7	45
Stewartry	101
DG10	61
DG11	52
DG12	85
DG13	14
DG14	3
DG16	26
Team Annandale	195
DG8	61
DG9	126
Team West	187
Other/NFA	32
Total	910

3.8 Outcome Data

The Service uses the Alcohol Star as a performance measurement tool. It is expected that each person entering into service has a baseline Alcohol Star completed and then regularly reviewed on a quarterly basis. The data reported below relates to 331 service users who had at least one review completed during 2016-17.

The graph below shows data relating to the amount of outcome change that has been measured for active clients in the service during the period April 16 – March 17 and includes those who had left within the six months before the end of March. The report highlights that there has been improvement across all categories, with a 50% improvement in seven of them.



One point worth noting when considering the outcome data is that “no change” recorded for a score may not in itself be a negative assessment if the individual service user was already achieving a high score for that part of the Alcohol Star when they entered treatment e.g. if they were not offending then they would score 10 at point of initial assessment or if using only alcohol or drugs would score 10 for the other data point on the Star. For the purpose of the report no change means that the average change per scale was between -0.25 and +0.25.

3.9 Discharge Data

Of the 954 people discharged from the service, 634 (66.5%) were planned discharges similar to rate of 2013-14 (67%). The percentage of people with alcohol related problems who had a planned discharge was 68% slightly higher than that recorded for people with drug related problems at 62%.

The following table provides details of recorded discharge data.

	Alcohol	Drugs	Total
Completed programme of care	126	43	169
Transferred to another agency	200	92	292
No longer seeking help	139	29	168
Planned Discharges	465	164	629
Did not complete programme of care	47	30	77
Did not attend	154	65	219
In prison	2	41	43
Deceased	2	9	11
Unplanned Discharges	205	145	350
Total	670	309	979

4.0 CURRENT PROJECTS AND DEVELOPMENTS

Team members have been involved in a number of projects and developments in the past year.

4.1 *Development of Psychological Interventions*

The Psychological Therapies 'Matrix' is a guide to planning and delivering evidence-based Psychological Therapies within NHS Boards in Scotland. It provides a summary of the information on current evidence base and recognises the importance of CBT interventions for alcohol problems and substance use which both are frequently found co-occurring with other mental health conditions.

Following on from the skills based training in Cognitive Behavioral Therapy (CBT) interventions three members of staff continue to consolidate their learning through monthly supervision provided by Psychological Therapists Robert McColm and Kathryn Macdonald. It is hoped that a further cohort of staff from the NHS Drug and Alcohol Service will be offered the opportunity to undertake similar training within the next 12 months. In addition to this Jade Thompson and Stuart Tilbury are nearing the completion of their two year CBT post graduate diploma.

In the months leading up to the completion of their course both Jade and Stuart have been in close consultation with senior members of the NHS Specialist Drug and Alcohol team and colleagues at Psychology to devise a framework which will support appropriate delivery of CBT interventions, effective in promoting service user recovery and treatment goals.

In addition there will be continued work with the Service staff group to increase understanding and recognition of psychological interventions, assessment and formulation. The Service recognises the input received from our colleagues in Psychology Department, who have provided supervision support and in house training.

Leads: Jade Thompson and Stuart Tilbury

4.2 *LGBT Charter Mark*

The Service has now achieved and received its LGBT Gold charter Mark reward in March 2017.

Lead: Gillian Paterson

4.3 *Mental Health*

The Service decided in 2016-2017 to establish a lead for mental health within the NHS Drug and Alcohol Service, with Sara Gillan assuming this responsibility. To support and focus the lead role aims and objectives have been identified. Aims and Objectives have been identified to support and focus the lead role

To begin to address the issue of inpatient admissions for detoxification purposes a working group was established which included staff from inpatient, drug and alcohol services and mental health managers to explore the current pathway for clients and its effectiveness. The aim of this working group is "by the end of July 2017 people identified with addictive disorders, who require detox, and whose needs cannot be met in the community, will be able to access a 2 week Midpark inpatient stay within 4 weeks of the date of the assessment, 100% of the time." This group is ongoing and the data is being reviewed until July with the aim of a best practice model being established. The inpatient detox contract was discussed at the service user involvement group and feedback from this has led to some changes in the wording of this.

In addition staff training needs have been explored and several members of the team have attended borderline personality training and provided feedback to the wider team. Training needs of staff will be further explored over the next 12 months.

The consideration of the current sharing of patient information consent form has been discussed with the opinion that we should move to the generic mental health format, something which will provide a consistent and streamlined approach for clients accessing mental health services. This was being discussed at management level and the plan is to action this.

During the upcoming year the objectives the Mental Health lead will be to focus on training requirements for the staff group, identify training opportunities and build confidence and competence in relevant areas of Mental Health assessment and treatment. To underpin mental health development will be a desire to develop effective and timely working arrangements with community and in patient Mental Health Services as stated in the aims and objectives (see appendix 2).

Mental Health and positive working environments has been on the agenda from the service 2016-2017. Staff survey feedback identified the negative impact hot desking had on staff morale; the service made considerable alterations to ensure staff had their own work space. This was led by Brian Carruthers, Senior Nurse. The Mental Health lead supported by Gemma Cravens, Senior Nurse, established a Mental Health and Wellbeing Working Group for staff and looking at how we can improve the working environment for the benefit of staff. This group now meets every few months to review progress

Lead: Sara Gillan

4.4 Social Media

As part of the Service development it was felt that a presence was needed in the area of Social Media, to improve communication and raise the profile of the Service. The I.T lead, David Henderson, DTTO Nurse, decided to research the possibilities of this and to look at the potential benefit compared to the potential pit falls of launching a Facebook page and Twitter account.

There were mixed and emotive views when asking staffs' opinions on the possibility of the service having a Facebook page where there was the potential for misuse of the page. For example, clients might disclose personal information about themselves, or others, or be abusive towards staff or others. These were / are real concerns and possibilities. However, the benefits would be to have a forum where service users and others in general are able to access information quickly from the service which is important. With these thoughts in mind, the Service researched how precautions might be put in place in order to prevent abusive posting on the Facebook page. Once this work was done the Service produced a page, which remained unpublished, and led a presentation with staff in order to get a feeling for what people thought about it now that preventative measures had been put into place for minimising abuse via the page. Overall, the change in thinking was to that of how this might benefit service users along with other organisations and families of people affected by Substance Misuse. It was decided after this to have a trial period with the page going live on December 1st 2016.

On review, it has been found that the page has been a success with no abusive use of it at all. There are currently 49 people, or organisations who "Like" the page and 53 people or organisations who follow the postings on the page and the numbers grow slowly but steadily. The Service User Group has influenced the cosmetic look of the page and simplifying the process of finding the page. The first six months of views on new posts are encouraging, with anecdotal feedback that important health messages are getting to Service Users quickly.

Lead: David Henderson

4.5 Sexual Health

A scoping exercise has been completed with the staff group and service users aimed at identifying the level of knowledge in relation to sexual health. The survey centered on the three key areas of sexually transmitted infections, testing procedures and contraception. The findings will form the sexual health awareness and training in put that will be arranged over the next two years.

Jennifer Barr and Gillian Paterson are now trainers for trainers in Sexual and Reproductive Health and Substance Misuse, which support delivering training to staff and service users.

Lead: Jennifer Barr

4.6 Motivational Interviewing Coach Groups

The Service continues to facilitate coach groups with a wide range of professionals accessing this local facility. There has been a publication in the Drink and Drug News this year highlighting the work carried out by Stuart Tilbury and Lewis Fergusson to achieve and maintain the coach groups which is now a cornerstone of service best practice.

Leads: Lewis Fergusson and Stuart Tilbury

4.7 Development of a Multiagency Antenatal Clinic at Galloway Community Hospital

As part of the improvement of antenatal services in the West of the region a multi-agency clinic to support women with alcohol and drug related problems has been established in the Galloway Community Hospital. The clinic follows the model provided in Cresswell and reduces the need for women to travel to Dumfries for monitoring of their pregnancy. This Service was fully involved in the development of this clinic which is currently supported by our Alcohol Liaison Nurse in Wigtownshire, Farrah Evans.

Lead: Farrah Evans

4.8 Take Home Naloxone Project

To support the national Take Home Naloxone Programme, Alison Smith and David Henderson are the Service Leads aiming to promote and develop Naloxone training and overdose awareness training, for primarily service users and/or significant others in their lives. In addition the Naloxone Leads aim to raise awareness and deliver training sessions to organisations who may be involved with people who are at risk of opiate overdose.

During their time as Naloxone Leads it has been a priority to ensure that the take home Naloxone Programme remains a part of this services core service delivery through keeping awareness of take home Naloxone in the minds of both staff and Service Users alike. The programme has been promoted through our social media, poster campaigns in community pharmacies and through offering regular training events.

The Service has been part of the process of progressing take home Naloxone training and issuing of kits to clients from Healthcare Support Workers and Service Outreach Worker. Expanding the delivery of take home Naloxone has the aim of improving equitable provision and timely interventions.

A key role is to analyse the numbers of Naloxone kits issued, used and returned in line with the national targets set for Drug and Alcohol Services. From the year April 2016 to April 2017 the number of Naloxone kits issued per quarter were 34. The total number of kits issued in the year was 149 which is an increase on the previous year and meets the national target.

Leads: Alison Smith and David Henderson

4.9 Children and Families

As a service we are looking to improve the quality of care offered to pregnant mums and their partners; the aim being to enhance their overall pregnancy experience and to help support mothers make positive changes which support them to return their new born baby home to a safe and secure environment.

In order to achieve this we have developed a draft proposal evidenced based “8 session support treatment pathway”, agreed with the service users and delivered via interagency working framework. The proposal is in the consultation phase and is expected to be standard practice during 2017-2018.

To take the “8 session support treatment pathway”, a development group has formed. The group consists of Eileen Carruthers, Gillian Paterson and Sara Gillan from NHS Specialist Drug and Alcohol Service and Shona Irvine and Kirsten Biggar from Children and Families Social Work.

Leads : Eileen Carruthers and Gillian Paterson

4.10 E-Health

A significant challenge for the NHS Specialist Drug and Alcohol Service in Wigtownshire is accessing medical review resource in a timely and efficient way, consistent with the Mental Health Directorate Strategy. Following discussions within the Wigtownshire team it was decided to pioneer video-tele conferencing as a medium to enable local service users in Stranraer to access reviews with the Service Lead Clinician Dr Larisma in Dumfries on a fortnightly basis. This commenced on 1st June 2016, and takes the form of service users attending VC suite by appointment at Innistaigh at Stranraer, with Dr Larisma consulting from the VC suite at Lochfield Rd Dumfries.

Naturally there were some queries and slight anxieties from service users in using a new medium to communicate with the Service Lead Clinician on a television screen whilst he is in Dumfries and they are in Stranraer. Initial misgivings service users had have been dispelled within the initial consultation, as the medium promotes face to face interaction and the quality of the connection is of a high standard.

Anecdotally the Service User feedback has been universally positive. The aim over the next 12 months is to formalise feedback utilising a 5 question qualitative satisfaction questionnaire repeated on a monthly basis for 3 months and present the findings.

Leads: Dr Larisma, Farrah Evans, Garry Morrison and Kenny Sneddon.

4.11 Blood Borne Virus

The service has been developing links with and accessing support from the BBV Specialist Nurses. Virtual clinics have been commenced by BBV Specialist Nurses for service users to identify and make contact with service users who are diagnosed as Hepatitis C Positive, review if they were receiving treatment and any support needs required.

In the West of the region Immunisation Clinics are being held monthly in both Stranraer and Newton Stewart in conjunction with the Immunisation Team Nurse attached to the BBV Specialist Nursing Service.

The Immunisation Nurse has also been offering Dry Blood Spot Hepatitis C testing in the community one day a week from Addaction premises. Together a database has been created to record BBV testing and immunisation uptake in service users open to Specialist Drug and Alcohol Service who access treatment through either the immunisation clinic or drop in service at Addaction. This aims to identify the number of BBV testing and immunisations offered by the service and accepted by the service users.

Future aims; look at further ways to record and document BBV discussions being held, whether service users accept or decline testing and/or immunisations; ways to improve the attendance for immunisations

i.e. continue with clinics or consider individual sessions with service users; and finally more staff to be trained to undertake venepuncture and administer immunisations to increase uptake.

Lead: Farrah Evans

4.12 Liaison Service

Over the last 12 months the Acute Addiction Liaison Service has successfully introduced a new tool for assessing alcohol withdrawal in a hospital setting - The Glasgow Modified Alcohol Withdrawal Scale (GMAWS). The FAST alcohol screening tool has also been introduced in all inpatient wards. These tools have been rolled out through DGRI, GCH and Midpark Hospitals - to make sure there is a uniform and safer approach to assessing alcohol use and alcohol withdrawal for inpatients.

The Acute Addiction Liaison Service have developed and delivered numerous training sessions for nursing, medical and AHP staff to support a clear understanding and consistency of when utilising the GMAWS and FAST tools. In tandem the Addiction Liaison Service has provided education sessions to nursing and medical staff about the risks of alcohol related brain damage (ARBD) and how this can be assessed, prevented and treated.

Over the next 12 months the goal of the Acute Addiction Liaison Service is to audit the effectiveness of GMAWS and FAST and make any amendments necessary and to continue educating staff about assessment and management of alcohol withdrawal and ARBD. The Acute Addiction Liaison Service continues to work proactively with community alcohol services; third sector agencies and other health care professionals to deliver a collaborative treatment model which best meet the needs of the patients.

The report would also highlight the continued use of the inpatient bed for alcohol detox patients in Galloway Community Hospital for the West of the region. It is utilised by staff for patients with complex physical issues/needs and previous complications from alcohol withdrawal.

Leads: Jackie Aindow and Farrah Evans

4.13 Service User Involvement

There has been a Service User Involvement self assessment document completed with support from Scottish Drugs Forum and Barbara Zaman, Community Engagement Officer ADP Support Team. The purpose of which was to highlight areas for development and to commit to an action plan with regards Service User Involvement

The culmination of which is the commencement of a Service User Involvement Group in the Dumfries facilitated by Lynda Wilson, Senior Occupational Therapist, and Kate Lindsay SDF Officer. The group has been meeting for approximately 8 months and has contributed to a range of Service developments, including treatment discussions, altering language used in communications to be more service user friendly and explore increasing Service User Involvement.

To strengthen the Service User Group, Addaction, have committed to co facilitating the Service User Involvement Group and supporting people who access their service to join the group. The efforts of Lucy McGarrie, Addaction Apprentice, are fundamental to enable and develop a multi agency approach.

Lead: Lynda Wilson

Justin Murray
SERVICE MANAGER
July 2017

