MAT STANDARDS IMPLEMENTATION PLAN: QUARTERLY/MONTHLY PROGRESS UPDATE

This progress update sets out quarterly or monthly progress against the delivery of the MAT Standards Implementation Plan, as well as the related quarterly reports required for the Drug and Alcohol Waiting Times and the Treatment Target.

Integration	
Authority	West Lothian
Period covered	Q1 2022-23

This update us submitted by the lead officer/postholder nominated to ensure delivery of this Implementation Plan:

Name	Position/Job Title	Contact details
	General Manager: Mental Health and Addictions	Mike.reid@nhslothian.scot.nhs.uk
Mike Reid		

MAT Standard 1	All people accessing services have the option to start N	MAT from the same d	lay of presentation.	
Actions/deliverable	s to implement standard 1	Timescales to complete	Progress in period	Risks
day OST prescribing 12,00. Once staff co out 5 days a week	is implemented in Bathgate from April 2022 offering same of through drop-in clinics every Friday between 09.00 and implement has been achieved drop-in clinics will be rolled in the following areas: Bathgate, Blackburn, Broxburn, rn. By 18.07.224 drop-in clinics were in operation across	4 Days completed by 18 th July 2022		
is a Standard Opera opioid substitution outstanding. Online	es are in place that support same-day prescribing and there ating Procedure to support the safe initiation of same-day therapy. As of 1/9/22 only one site — Whitburn - is information has been updated by all services in the mation on the same day prescribing clinics.			
evening clinic to see	been well attended so there is a plan below to consider an if that improves attendance. Additionally partners will work units to improve attendance. Homelessness addictions this.			
Referral pathways t telephone and GP re	o the same day clinics have been expanded to include ferrals.			
increase this to 5 day	e day prescribing service currently. Plan now in place to ys by offering an evening clinic to accommodate people uring the day. This will depend on securing access to a	6 th October 2022	Venue agreed Staffing appointed, awaiting start date.	Delay in staff starting

Assessment of	Amber ¹	
Progress:		
Comment / remedial ac	tion required	
This is on target to be g	reen as of the 6th of Octob	er 2022 assuming workforce

¹ Green - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

MAT Standard 2	All people are supp dose.	orted to make an informed ch	noice on what medi	cation to use for MAT	and the appropriat
Actions/deliverables to	implement standard 2		Timescales to complete	Progress in period	Risks
buprenorphine as treat	ment choices for people	one and short and long-acting e who present. The Lothian ine as an available medication	Complete June 2022		None
•	op in clinic information led discussed with staff on s	eaflets are given to clients on site	Complete June 2022		None
controlled drugs , one in medication for same day	n Whitburn and one in B prescribing and ensure E ess once we are clear	re licenses for the storage of roxburn to improve access to Buvidal can be kept in stock. that the drop-in clinics are	December 2022		None
		hical areas within WL but will ub-lingual buprenorphine then			
a pharmacist and we will	monitor the effectiveness	rs administration of Buvidal by s of this. This will increase the idal being available across the	Will report in June 2023	Pilot started June 2022	Pilot may not be effective
Assessment of Progress: Comment / remedial acti MAT 2 SOP to be signed	•				

¹ Green - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

	people at high risk of drug-related harm are proantinue MAT.	actively identified an	d offered support to	commence or
Actions/deliverables to imp	lement standard 3	Timescales to	Progress in period	Risks
who experience near fatal or Police Scotland or E.Ds. In NHS Lothian, West Lothian C by West Lothian ADP and their outcomes.	taken an overdose to be flagged to the addictions stor assertive outreach team if their intervention is a support immediate access to MAT. Child and adult protection are in place and include DP will shortly be agreed between commissioned This will also include a measure of the interventions ates but the SOP is being reviewed. The recent	Pathway in place since October 2021 SOP to be reviewed by October 2022		
change to this is that reports	s are now sent daily rather than weekly to ensure within 24 hours or up to 72 hours at weekends			
custody suite, and voluntary residents liberated from Her	to identified through arrest referral in Livingston by through care arrangements for West Lothian Majesty's Prisons Edinburgh and Addiewell. We see Scotland and receive direct referrals for high risk	Historically in place		
Hospital to improve identificat	vested in training for ward staff at St John's tion and support for high risk people attending on service offer same day treatment (Monday to by the inpatient services.	Historically in place		

Assessment of	Green		
Progress:			
Comment / remedial a	ction required		
NFO SOP to be signed			
l			

¹ Green - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

MAT Standard 4 All people are offered evidence-based harm reduct	ion at the point of M <i>i</i>	AT delivery.	
Actions/deliverables to implement standard 4	Timescales to complete	Progress in period	Risks
This standard is implemented as the core harm reduction interventions (naloxone, injection equipment, blood borne virus testing, sexual health and wound assessment and management) are consistently available at the same time and place as all MAT appointments.	Completed July 2022	Increased staff training across the partnership in harm reduction interventions	
The above should be offered at every appointment the patient attends. They are offered routinely across the partnership by NHS and 3 rd sector staff at every clinic. A spreadsheet is kept which documents whether each of the 6 harm rection measures are offered at each appointment. It notes both offers and completion of harm reduction	Completed July 2022	Spreadsheet implemented and is now standard practice	
Assessment of Green Progress: Comment / remedial action required Harm reduction SOP			

¹ Green - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

MAT Standard 5 All people will receive support to remain in treatment for as long as requested.			
Actions/deliverables to implement standard 5	Timescales to complete	Progress in period	Risks
The ADP reports that there are a variety of approaches to enable retention in care and safe discharge. These include regular partnership meetings and case load reviews to ensure people are seen by the most appropriate service or staff and there is the option to have shared care with primary care. There is a variety of strategies to manage caseloads and appointment systems, including fixed appointments, drop-ins, four evening and a Saturday morning clinic.	In place April 2022		
The use of pharmacy sites and recovery café clinics are currently being explored for patients to be transferred for ongoing support.	Ongoing		
If someone does not attend an appointment, the individual team will assertively follow up. If no contact can be established, a referral may be made to the CGL Assertive Outreach Service, depending on risk. CGL have a risk stratification strategy to prioritise follow up. Contact may be telephone or face to face depending on need, risk and preference.	Complete since July 2022		
Should someone suitable for Primary Care prescribing then people can be supported via the Enhanced Practices. This extends across the council area.	Historically available		
Assessment of Green Progress:			
Comment / remedial action required			

SOP for assertive contact to be signed off

¹ Green - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

MAT Standard 6	The system that provides MAT is psychologically in intensity psychosocial interventions (tier 2); and su			
Actions/deliverables t	o implement standard 6	Timescales to complete	Progress in period	Risks
	nior psychologist embedded in the third sector as Service. This supports the third sector to deliver Tier 1			
MIST funded 05. B5 Ps interventions.	ychology Assistant was recruited to, to support lower tier			
All organisations work	to develop social networks as part of their activity.			
	there is resilience and sustainability in the teams to m achieves MAT 6 is required	March 2023		
Assessment of Progress:	Amber			
Comment / remedial ac	tion required			
Review systems to ens	ure resilience and sustainability			

¹ Green - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

MAT Standard 7	All people have the option of MAT shared with Primary Care.				
Actions/deliverable	s to implement standard 7	Timescales to complete	Progress in period	Risks	
	st Lothian operate an enhanced contract to allow GP Where practices do not, neighbouring practices can offer a				
Further work will be r standards can be me	equired to support those practices to ensure that MAT et in those areas	March 2023			
Assessment of Progress:	Amber	<u> </u>			
Comment / remedia	l action required				
Review of care offere	ed in Primary Care and identify gaps				

¹ **Green** - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

	1		l =
Actions/deliverables to implement standard 8	Timescales to complete	Progress in period	Risks
ADP funds additional advocacy within the broader mental health advocacy contract. This was increased recently.			
ADP has funded specific advice hours as part of the 'Advice Shop' to provide welfare and income needs.			
Housing needs are supported via good links with housing. Providing services for additional housing needs remains challenging.			
Assessment of Amber			

¹ Green - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

Review access to housing support as part of RRTP Health and Wellbeing Subgroup

MAT Standard 9	All people with co-occurring drug use and mental hof MAT delivery.	nealth difficulties ca	an receive mental healt	h care at the poin
Actions/deliverables to implement standard 9		Timescales to complete	Progress in period	Risks
	work closely with the mental health crisis team and cannots for people with both addictions and mental health acute crisis			
CPNs in CMHTs can offer support to addictions teams or provide assessment and support				
There is a plan to improve assessment and treatment for routine co-occurring mental health and addictions. This is in the form of a QI process		March 2023		
Assessment of Progress:	Amber			
Comment / remedial a	ction required			
mprove pathways for	people with co-morbid issues - ongoing improvement work	led by Service Man	ager	

¹ Green - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

MAT Standard 10 All	people receive trauma informed care.			
Actions/deliverables to implement standard 10		Timescales to complete	Progress in period	Risks
A subgroup of the ADP to drive forward MAT 6&10 has been set up.		Completed		
Trauma training is being rolled out across all ADP services		Ongoing – this will need to be rolling		
assess trauma informed car	ng 'Trauma walk-throughs' and trauma audits to re. These will link in with the Lived Experience lived experience assessment and feedback or the	March 2023		
A Trauma Board across the HSCP has been set up and that is leading Trauma approaches across all departments		Completed	Board started August 2022	
Assessment of Red	I/Amber/Green			
Comment / remedial action re Ongoing Trauma rollout	equired			

¹ Green - On track to achieve actions/ deliverables; Amber - Some delays to deliver but remedial action will enable delivery; Red - delays to delivery which require significant remedial action

Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard. The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

Q1 Performance:	89%
Q2 Performance:	
Q3 Performance:	
Q4 Performance:	

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Continue to recruit additional staff to support standard	By 6 October 2022		Workforce difficulties
ADP to offer ongoing support to partners, noting additional one year investment to both WLDAS and CGL	Ongoing		
Comment / remedial action required			

Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

	Projection	Performance
Q1 Performance:		
Q2 Performance:		
Q3 Performance:		
Q4 Performance:		

Key actions to improve performance	Timescales to complete	Progress in period	Risks
N/A – first data to be published September 2022			
Comment / remedial action required			