

MAT STANDARDS IMPLEMENTATION PLAN

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

Falkirk; Clackmannanshire and Stirling

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

Name	Position/Job Title
Annemargaret Black/ Patricia Cassidy	HSCP Chief Officers

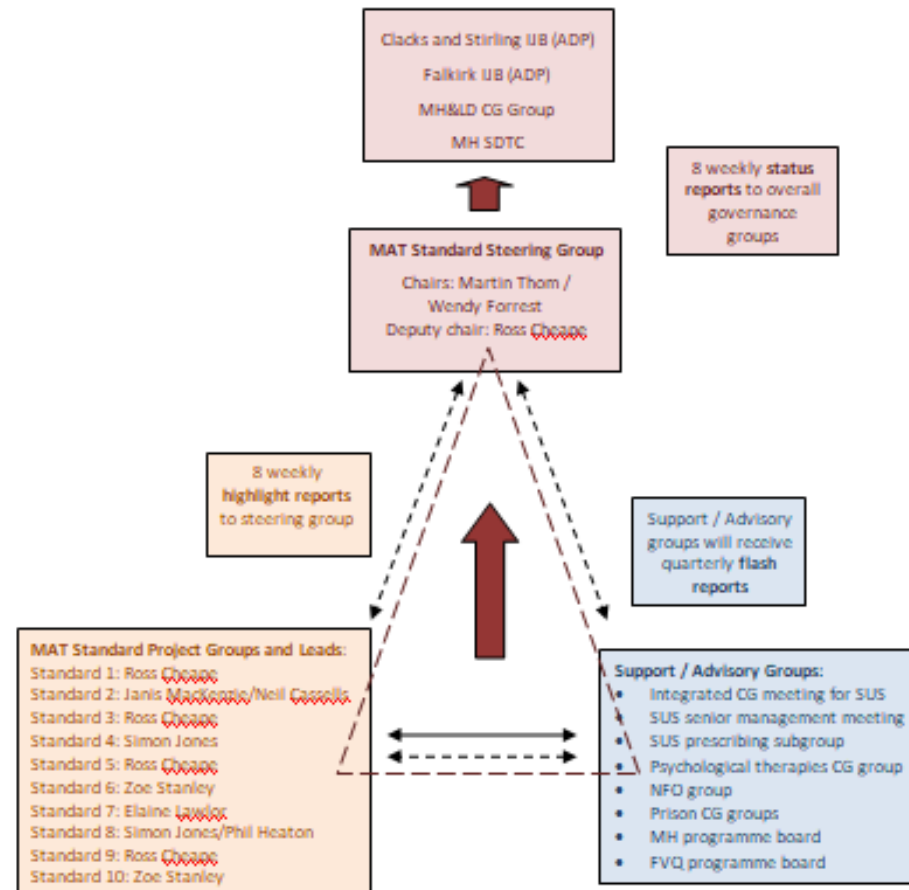
This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

(Summary of governance arrangements for local oversight)

See FV MAT Standards Governance and Reporting Organogram in Table 1 below. The views and experiences of patients are being collected as part of MAT tests of change and feedback is being used to inform subsequent PDSA cycles. The MIST questionnaires will be used to capture baseline data from people with lived and living experience (LLE) and their families' experiences of current services, to identify areas for improvement and help to inform priorities for 2023-2024. LLE and families will be consulted on the NHS inform choice leaflets that FV have decided use, prior to testing at same day access appointments with patients. A local process to involve LLE and their families in our improvement meetings and activities has been established. To test the process, we are currently recruiting people to participate in a trauma-informed walkthrough of Substance Use Services at St Ninians in Stirling, before rolling out into 4 other areas to complete a baseline trauma-informed assessment in FV. It is also anticipated that now we have a process for involving LLE and their families we can recruit LLE and families to join our improvement team meetings. A local qualitative data collection plan to support the implementation plan is in development.

Table 1: MAT Standards Governance and Reporting Organogram



Key:			
	Governance	↑	Reporting / Governance Route
	Facilitative / Coordinating	↔	Collaborative Link
	Supporting / Advisory	◀ - ▶	Facilitative / Coordination Link

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

Name	Position	Delivery Partner	Date signed
Cathie Cowan	Chief Executive	NHS Forth Valley	20 th September 2022
Annemargaret Black	Chief Officer	Clackmannanshire and Stirling Integrated Joint Board	20 th September 2022
Patricia Cassidy	Chief Officer	Falkirk Integrated Joint Board	27 th September 2022
Nikki Bridle	Chief Executive	Clackmannanshire Council	3 rd November 2022
Carol Beattie	Chief Executive	Stirling Council	8 th November 2022
Kenneth Lawrie	Chief Executive	Falkirk Council	24 th October 2022

MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.
April 2022 RAG status		
Actions/deliverables to implement standard 1		Timescales to complete
1.1 Complete a project plan and project charter for MAT standard 1		complete
1.2 Development of data and measurement plan to monitor progress and success towards the implementation of standard 1		end September 2022
1.3 Test and refine specific same day access change ideas (same day access appointment, RAMATA (Rapid Access Medically Assisted Treatment Assessment) document, same day access referral)		end December 2022
1.4 Development of pathways to support same day access		end December 2022
1.5 Gather qualitative feedback on access from people currently using services, family members or nominated persons, and people who provide services		end December 2022
1.6 Development of same day access SOP to support new ways of working		end March 2023

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.
April 2022 RAG status		
Actions/deliverables to implement standard 2		Timescales to complete
2.1 Complete a project plan and project charter for MAT standard 2		complete
2.2 Update NHS FV Opioid Substitution Treatment Prescribing Guidance to support the implementation of the standards		complete
2.3 Development of data and measurement plan to monitor progress and success towards the implementation of standard 2		end September 2022
2.4 Develop a Standard Operating Procedure for named patient prescribing of injectable buprenorphine		end December 2022
2.5 Develop patient information about MAT products and pathways (information leaflets)		end December 2022
2.6 Gather qualitative feedback on choices and support for decision making from people currently using services, family members or nominated persons, and people who provide services		end December 2022
2.7 Scope workforce development and training requirements to support new ways of working		end March 2023

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.
April 2022 RAG status		
Actions/deliverables to implement standard 3		Timescales to complete
3.1 Complete a project plan and project charter for MAT standard 3		complete
3.2 Development of pathways to support the implementation of the NFO team/pathway		complete
3.3 Development of ISA and SOP to support the implementation of the NFO team/pathway		complete
3.4 Development of data and measurement plan to monitor progress and success towards the implementation of standard 3		end September 2022
3.5 Gather feedback from service users on the NFO team/pathway		end December 2022
3.6 Test and refine specific change ideas based on understanding of the NFO pathway (Same day access to MAT ToC)		end March 2023

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone. They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.
April 2022 RAG status		
Actions/deliverables to implement standard 4		Timescales to complete
4.1 Complete a project plan and project charter for MAT standard 4		end October 2022
4.2 Development of data and measurement plan to monitor progress and success towards the implementation of standard 4		end October 2022
4.3 Scope workforce development and training requirements to support the implementation of standard 4		end November 2022
4.4 Develop local wound management pathway with referral routes to specialist care and links to wound care training		end February 2023
4.5 Identify specific harm reduction change ideas, test and refine (Injecting equipment at all MAT appointments, wound care at all MAT clinics, harm reduction interventions checklist, non-contact IEP, harm reduction interventions in justice settings)		end February 2023
4.6 Gather qualitative feedback on harm reduction from people currently using services, family members or nominated persons, and people who provide services		end February 2023

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	<p>A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.</p> <p>Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.</p>
April 2022 RAG status		
Actions/deliverables to implement standard 5		Timescales to complete
5.1 Complete a project plan and project charter for MAT standard 5		end September 2022
5.2 Development of data and measurement plan to monitor progress and success towards the implementation of standard 5		end September 2022
5.3 Gather baseline feedback on engagement with services from people currently using services, family members or nominated persons, and people who provide services		end December 2022
5.4 Activities to help understand current system to identify gaps/areas for improvement (data scoping, process mapping)		end January 2023
5.5 Identify specific change ideas to support retention, test and refine (Reducing DNAs to Substance Use Services)		end March 2023

MAT Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.
April 2022 RAG status		
Actions/deliverables to implement standard 6		Timescales to complete
6.1 Scope workforce development and training requirements to support the implementation of standard 6		complete
6.2 Complete a project plan and project charter for MAT standard 6		end September 2022
6.3 Identify specific change ideas to support the development of social networks, test and refine (expand the role of recovery development workers within psychology)		end March 2023
6.4 Develop a local Delivery Plan for delivering psychologically-informed care and structured psychosocial interventions		end March 2023

MAT Standard 7	All people have the option of MAT shared with Primary Care.	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.
April 2022 RAG status		
Actions/deliverables to implement standard 7		Timescales to complete
7.1 Complete a project plan and project charter for MAT standard 7		complete
7.2 Development of data and measurement plan to monitor progress and success towards the implementation of standard 7		end September 2022
7.3 Update the LES GPPS Opiate Assisted Treatment Service Specification to reflect MAT Standards		end November 2022
7.4 Update the GP Prescribing Service (GPPS) for Opioid Substitution Therapy (OST) Guidance to reflect MAT Standards		end January 2023
7.5 Develop and test models of care that support people on MAT to remain in PC (Pharmacy NMP working in primary care to offer MAT prescribing/ Buprenorphine delivery in PC)		end March 2023
7.6 Gather baseline feedback from service users (map patient journey of shared care pathways between specialist services and GP)		end March 2023
7.7 Scope primary care workforce development and training requirements to support new ways of working		end March 2023

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.
April 2022 RAG status		
Actions/deliverables to implement standard 8		Timescales to complete
8.1 Complete a project plan and project charter for MAT standard 8		end September 2022
8.2 Scoping exercise to identify existing advocacy services across Forth Valley		end September 2022
8.3 Experiential data: human-rights focussed report from focus groups with people involved with substance use and criminal justice services, on how rights awareness and practice could be enhanced		end October 2022
8.4 Facilitate human rights awareness workshops by REACH Advocacy		November/December 2022
8.5 Identify specific change ideas, test and refine		end March 2023
8.6 Identify candidates for the REACH Advocacy Scotland training in Human Rights Based Advocacy		end March 2023

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.
April 2022 RAG status		
Actions/deliverables to implement standard 9		Timescales to complete
9.1 Complete a project plan and project charter for MAT standard 9		end October 2023
9.2 Develop pathways to support effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use		end January 2023
9.3 Development of SOP to support joint working arrangements with Mental Health services		end January 2023

MAT Standard 10	All people receive trauma informed care.	<p>The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.</p> <p>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.</p>
April 2022 RAG status		
Actions/deliverables to implement standard 10		Timescales to complete
10.1 Baseline assessment of current trauma informed care delivery using the Trauma-Informed Care and Practice Organisational toolkit		complete
10.2 Complete a project plan and project charter for MAT standard 10		end September 2022
10.3 To repeat baseline assessment of current trauma informed care with service users		end January 2023
10.4 Develop a delivery plan for delivering trauma informed care that takes into account the 5 key drivers for organisational change recognised by NHS Education for Scotland		end March 2023
10.5 Develop workforce development and training plan to support a trauma-informed approach (see standard 6, NHS Forth Valley Substance Use Psychology Service Delivery Plan)		end March 2023