

Improvement review

Assessment framework for substance misuse services

Theme A - Commissioning and Systems Management

Theme B - Harm Reduction

Substance Misuse Services – Summary

Assessment

Two related substance misuse themes have been selected for review in 2006/2007:

- the provision of harm reduction services (specifically reducing transmission of blood borne viruses and drug-related deaths)
 - commissioning and systems management
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Rationale

These themes were selected as a priority for 2006/2007 because:

- Harm Reduction – concern exists about the increasing incidence of blood borne viruses and the numbers of drug-related deaths
 - Commissioning / systems management - The Audit Commission reported in 2004 that delivery of effectiveness varies according to the commitment of local agencies and the quality of leadership
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Unit of assessment

Local drugs partnership or equivalent structure, e.g. DAT, which will include primary care trusts and may include service provided by mental health trusts

Assessors

Joint reviews by the National Treatment Agency for Substance Misuse and the Healthcare Commission

Data sources

The data sources that will be used are:

- national drug misuse minimum data set (NDTMS)
 - treatment plans for 2006/07
 - NTA led national second annual service user satisfaction survey
 - bespoke data collected from local drugs partnership or equivalent structure specifically to inform the review
 - regional NTA performance management reports 2006/07
 - bespoke data collected from the regional NTA offices
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Implications for local areas/trusts

- our expectation is that most of the bespoke data that we are requesting from local drugs partnerships or equivalent structures will be held locally
- we estimate from our piloting work that each organisation (commissioner and provider) will need to allocate approximately half a day to collect this data over a two to three week period

Substance Misuse Services – Commissioning and systems management

Standards

The standards that are relevant to commissioning and systems management are:

Second Domain – Clinical and Cost Effectiveness

D2 Patients receive effective treatment and care that:

- a) conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery;
- b) take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences;
- c) are well co-ordinated to provide a seamless service across all organisations that need to be involved, especially social care organisations; and
- d) is delivered by healthcare professionals who make clinical decisions based on evidence-based practice.

Third Domain – Governance

C7 Health care organisations

- a) apply the principles of sound clinical and corporate governance;
- b) actively support all employees to promote openness, honesty, probity, accountability and the economic, efficient and effective use of resources;
- c) undertake systematic risk assessment and risk management;
- d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;
- e) challenge discrimination, promote equality and respect human rights; and
- f) meet the existing performance requirements set out in the annex.

D3 Integrated governance arrangements representing best practice are in place in all health care organisations and across all health communities and clinical networks.

D4 Health care organisations work together to

- a) ensure that the principles of clinical governance are underpinning the work of every clinical team and every clinical service;
- b) implement the cycle of continuous quality improvement; and
- c) ensure effective clinical and managerial leadership and accountability.

FOR CIRCULATION

- D5 Health care organisation are working together and with social care organisations to meet the changing health needs of their population by
- a) having an appropriately constituted workforce with appropriate skill mix across the community and
 - b) ensuring the continuous improvement of services through better ways of working
- D6 Health care organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patient care, choice and service planning.

Fourth Domain – Patient Focus

- D8 Health care organisations continuously improve the patient experience, based on feedback of patients, carers and after-care

Fifth Domain – Accessible and Responsive Care

- C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services
- C19 Health care organisations ensure that patients with emergency health needs are able to access care promptly and within a nationally agreed timescales, **and all patients are able to access services within national expectations on access to services**
- D 11 Health care organisations plan and deliver health care which
- a) reflects the views and health needs of the population served and which is based on nationally agreed evidence or best practice;
 - b) maximises patient choice;
 - c) ensures access (including equality of access) to services through a range of providers and routes of access; and
 - d) uses locally agreed guidance, guidelines or protocols for admission, referral and discharge that accord with the latest national expectations on access to services.

Six Domain – Care Environment and Amenities

- C22 Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by
- a) cooperating with each other and with local authorities and other organisations
 - b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices
 - c) Making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.

Substance Misuse Services – Harm Reduction

Standards

The standards that are relevant to Harm Reduction are:

First Domain – Patient Safety

- D1 Health care organisations continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others, particularly when patients move from the care of one organisation to another.

Second Domain – Clinical and Cost Effectiveness

- D2 Patients receive effective treatment and care that:
- conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery;
 - take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences;
 - are well co-ordinated to provide a seamless service across all organisations that need to be involved, especially social care organisations; and
 - is delivered by healthcare professionals who make clinical decisions based on evidence-based practice.

Third Domain – Governance

- C11 Health care organisations ensure that staff concerned with all aspects of the provision of health care:
- are appropriately recruited, trained and qualified for the work they undertake;
 - participate in mandatory training programmes; and
 - participate in further professional and occupational development commensurate with their work throughout their working lives.
- D5 Health care organisation are working together and with social care organisations to meet the changing health needs of their population by
- having an appropriately constituted workforce with appropriate skill mix across the community and
 - ensuring the continuous improvement of services through better ways of working
- D6 Health care organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patient care, choice and service planning.

Fourth Domain – Patient Focus

- D8 Health care organisations continuously improve the patient experience, based on feedback of patients, carers and after-care

Fifth Domain – Accessible and Responsive Care

- D11 Health care organisations plan and deliver health care which:
- a) reflects the views and health needs of the population served and which is based on nationally agreed evidence or best practice;
 - b) maximises patient choice;
 - c) ensures access (including equality of access) to services through a range of providers and routes of access; and
 - d) uses locally agreed guidance, guidelines or protocols for admission, referral and discharge that accord with the latest national expectations on access to services.

Seventh Domain – Public Health

- D13 Health care organisations:
- a) identify and act upon significant public health problems and health inequality issues, with primary care trusts taking the leading role;
 - b) implement effective programmes to improve health and reduce health inequalities, conforming to nationally agreed best practice, particularly as defined in NICE guidance and agreed national guidance on public health;
 - c) protect their populations from identified current and new hazards to health; and
 - d) take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services.

Substance Misuse Services – Commissioning and systems management

Criteria

The criteria that we have developed to assess performance are:

Local commissioning partnerships:

- have formal strategic partnerships with key stakeholders including health, social care, housing and employment services, drug treatment providers, and local drug user and carers
- have a shared understanding of the local need for drug treatment, based upon annual needs assessment reports in line with a nationally agreed methodology. This methodology requires the needs assessment to profile the diversity of local need for drug treatment, including rates of morbidity and mortality (e.g. infection with blood borne viruses), the degree of treatment saturation or penetration, and impact of treatment on individual health, public health and offending
- develop local drug treatment system plans annually in line with the Models of care update 2006 with focus on reducing harm to individuals and communities, improving clients' journeys through treatment, predicting client flow through local systems and improving the effectiveness of local drug systems
- demonstrate best practice in handling public money, contracting with providers and monitoring service level agreements
- performance manage local systems of drug treatment by using data and key performance indicators in partnership with local strategic partners and plans
- are "fit for purpose", have involvement from key stakeholders at an appropriate level of seniority and ensure commissioners are competent against national quality standards and other relevant professional frameworks.

Substance Misuse Services – Harm Reduction

Criteria

The criteria that we have developed to assess performance are:

Service users:

- have prompt and flexible access to needle exchange services, vaccination, testing & treatment for blood borne viruses.

Service providers:

- deliver harm reduction interventions embedded in the whole treatment system
- take action to reduce the number of drug-related deaths
- have staff competent to deliver effective harm reduction services.

Substance Misuse Services – Commissioning and systems management

CQI framework

Standards	Criteria 1	Questions	Information	Notes
C17, C22	Local commissioning mechanisms have formal strategic partnerships with key stakeholders including health, social care, housing and employment services, drug treatment providers, and local drug user and carers	1) What is the level of seniority and attendance of members of the strategic partnership board, which takes responsibility for substance misuse	Data source: Bespoke question for <u>Joint Commissioning Manager (JCM)</u> .	[1]
		2) How does the partnership involve service users and carers in strategic planning?	Data source: Bespoke question for JCM	
		3) How does the partnership involve service providers in strategic planning?	Data source: Bespoke question for JCM	

Criteria 1

Notes & Definitions:

[1] Spot checks of data submission may be conducted were deemed appropriate.

Joint Commissioning Manager (JCM) Definition: The person responsible for commissioning of substance misuse services on behalf of the partnership and/or Joint Commissioning Group (JCG).

Strategic Drugs Partnership Definition: The group of organisations responsible for strategic planning of substance misuse services. This may be known as the Drug (and Alcohol) Action Team, the Crime Reduction Partnership, the Community Safety Partnership or some other name locally.

Substance Misuse Services – Commissioning and systems management

CQI framework

Standards	Criteria 2	Questions	Information	Notes
D11	There is a shared understanding of the local need for drug treatment, based upon annual needs assessment reports in line with a nationally agreed methodology. This methodology requires the needs assessment to profile the diversity of local need for drug treatment, including rates of morbidity and mortality (e.g. infection with blood borne viruses), the degree of treatment saturation or penetration, and impact of treatment on individual health, public health and offending.	1) Has the partnership carried out or updated a <u>Local needs assessment</u> during the financial year 05/06 to inform the 06/07 commissioning?	Data source: Bespoke question for JCM.	[1]
		2) Does the local needs assessment contain the required elements as defined in the needs assessment manual?	Data source: Bespoke question for JCM.	
		3) What is the quality of the local needs assessment and how is the information used in developing the treatment plan?	Data source: bespoke data from the Regional NTA offices	

Criteria 2

Notes & Definitions:

- [1] Local needs assessment definition: Models of Care: Update 2006 require there to be a shared understanding of the local need for drug treatment, based upon annual needs assessment reports in line with a nationally agreed methodology. This methodology requires the needs assessment to profile the diversity of local need for drug treatment, including rates of morbidity and mortality (e.g. infection with blood borne viruses), the degree of treatment saturation or penetration, and impact of treatment on individual health, public health and offending.

Substance Misuse Services – Commissioning and systems management

CQI framework

Standards	Criteria 3	Questions	Information	Notes
D2, C19	Local commissioners for drug treatment develop local drug treatment system plans annually in line with the Models of care update 2006 with focus on reducing harm to individuals and communities, improving clients' journeys through treatment, predicting client flow through local systems and improving the effectiveness of local drug systems.	1) How does the area's waiting time performance compare with national targets?	Data source: Analysis of NDTMS	
		2) How many service users in structured treatment, who commenced in treatment in 06/07, have a care plan?	Data source: Analysis of Second Annual Service User Satisfaction survey 2006 of all clients in structured treatment and NDTMS	
		3) How does the area's retention performance compare with local targets?	Data source: Analysis of NDTMS as per national target construction	
		4) How does the area's planned discharge performance compare with local targets?	Data source: Analysis of NDTMS as per national target construction	
		5) Are Tier 4 services commissioned in line with <u>Home Office/NTA/DH guidance</u> ?	Data source: Bespoke question for JCM	[1]

Criteria 3**Notes & Definitions:**

- [1] For further information see Home Office/NTA/DH, 2006, Initial Guide for the Commissioning of In-patient and Residential Rehabilitation Drug and Alcohol Treatment Interventions as Part of Treatment Systems

Substance Misuse Services – Commissioning and systems management

CQI framework

Standards	Criteria 4	Questions	Information	Notes
D2, D5, C7	Local commissioners demonstrate best practice in handling public money, contracting with providers and monitoring service level agreements.	1) Are detailed service specifications agreed with service providers for the full range of services?	Data source: Bespoke question for JCM	
		2) Are contracts with voluntary sector providers in line with <u>National Compact</u> expectations?	Data source: Bespoke question for JCM	[1]
		3) Does the partnership have a workforce development strategy and a plan to respond to the needs identified for <u>developing the workforce</u> ?	Data source: Bespoke question for JCM	[2]
		4) What is NTA regional manager's assessment of the partnership's financial management?	Data source: RAG status from <i>Performance Management Reports 2006/07: Adult drug treatment, Appendix 2 Guidance for NTA performance management 2006/7, RAG Performance Summary Report.</i>	

Criteria 4

Notes & Definitions:

[1] National Compact Definition: The national Compact is an agreement between the voluntary/community sector and government in England to improve their relationship for mutual advantage. Local Compacts aim to do this locally between the voluntary/community sector, local councils and other local public bodies. (Source: www.thecompact.org.uk *The Compact: Is it right for you?*)

For further guidance, see NTA/Home Office, 2005, *Guidance for Commissioning Drug Treatment Services from Voluntary and Community Sector Organisations, based on the principles of the Home Office Voluntary Sector Compact*

[2] Source: NTA, 2005, **Workforce development**: *Guidance notes to adult drug treatment plans 2006/07*

Substance Misuse Services – Commissioning and systems management

CQI framework

Standards	Criteria 5	Questions	Information	Notes
D3, D4, D6	Local commissioning partnerships performance manage local systems of drug treatment by using data and key performance indicators in partnership with local strategic partners and plans.	1) What is the quality of the data local Tier 3 service providers in this area submit for NDTMS?	Data source: NDTMS report on quality of returns (database data = November report and file submission = average of 3 months).	
		2) Has the Joint Commissioning Group or equivalent structure received, discussed and agreed actions in relation to the NTA quarterly performance management report on the adult drug treatment plan?	Data source: Bespoke question for JCM	
		3) What action has the commissioning partnership taken as a result of the previous HCC/NTA improvement review?	Data source: Bespoke question for JCM	
		4) Which items were discussed between the JCM or other partnership representative and the NTA regional team at the last quarterly performance meeting?	Data source: Bespoke question for JCM	
		5) What is the experience of providers of the commissioning system?	Data source: Bespoke question for specialist community prescribing services and non-pharmacy fixed based needle exchange services	
		6) Which items were discussed during the course of the last two performance/contract monitoring meetings between commissioners and service providers?	Data source: Bespoke question for specialist community prescribing services and non-pharmacy fixed based needle exchange services	

Substance Misuse Services – Commissioning and systems management

CQI framework

Standards	Criteria 6	Questions	Information	Notes
D3, D5,D8	Local commissioning partnerships are “fit for purpose”, have involvement from key stakeholders at an appropriate level of seniority and ensure commissioners are competent against national quality standards and other relevant professional frameworks.	1) Which agencies are <u>actively involved</u> in implementing commissioning decisions, in e.g. a joint commissioning group or other equivalent structure?	Data source: Bespoke question for JCM	[1]
		2) What competencies do commissioners have?	Data source: Bespoke question for JCM	[2]
		3) How satisfied overall are service users with the services provided?	Data source: Second Annual Service User Satisfaction survey 2006	

Criteria 6

Notes & Definitions:

- [1] Actively involved means that the person has been involved in decisions that were taken in the last 4 months, e.g. by attendance at meeting or through team membership
- [2] Commissioners Definition: Commissioners are employed by the partnership for the purpose to purchase substance misuse services from suitable providers in line with Models of Care and based on the needs of the local population.

Substance Misuse Services – Harm Reduction

CQI framework

Standards	Criteria 7	Questions	Information	Notes
D6, D8, D11	Harm Reduction is embedded in the whole system	1) Does the partnership have a <u>harm reduction strategy</u> informed by internal and external data?	Data source: Bespoke question for <u>Joint Commissioning Manager (JCM)</u> using locally available data sources such as internal source, SHA data base, regional research.	[1]
		2) Does the local needs assessment establish the levels of need for harm reduction interventions?	Data source: Bespoke Questions for JCM	
		3) Where in the treatment system are harm reduction interventions provided?	Data source: Bespoke Questions for JCM	
		4) Which harm reduction interventions are provided in specialist community prescribing services?	Data source: Bespoke questions from specialist community prescribing services	
		5) Do SLAs include harm reduction in Tier 3 and Tier 4?	Data source: Bespoke data from JCM	
		6) How comprehensive are the harm reduction interventions as experienced by service users?	Data source: Second Annual Service User Satisfaction survey 2006	

Criteria 7

Notes:

[1] Harm Reduction Definition: Definition: Interventions to reduce the health, social and economic harms to individuals, communities and societies that are associated with the use of drugs. However, to enable the systematic and focused review of this aspect of treatment, this improvement review focuses on needle exchange, blood borne viruses and drug related deaths.

Joint Commissioning Manager (JCM) Definition: The person responsible for commissioning of substance misuse services on behalf of the partnership and/or Joint Commissioning Group (JCG).

Substance Misuse Services – Harm Reduction

CQI framework

Standards	Criteria 8	Questions	Information	Notes
D2, D11, D13	Service users have prompt and flexible access to needle exchange services, vaccination, testing & treatment for BBV	1) What proportion of injecting drug users access needle and syringe exchange services?	Data source: Bespoke question for JCM	
		2) Do dedicated and pharmacy-based needle and syringe exchange services provide out-of-hour services to service users?	Data source: Bespoke question for JCM	
		3) Is harm reduction fully covered in the in needle exchange services?	Data source: bespoke question for non-pharmacy fixed based needle exchange providers	
		4) What services do pharmacy-based needle and syringe exchange services offer to needle exchange clients?	Data source: Bespoke question for Pharmacy Scheme Coordinator	[1]
		5) How many service users have been tested and/or vaccinated against HBV and HCV?	Data source: Combination of bespoke question for JCM and NDTMS and Treatment plan 06.07 data	
		6) What is the partnership's response for Hepatitis C?	Data source: Combination of bespoke question for JCM and NDTMS	

Criteria 8

Notes:

- [1] Pharmacy Scheme Coordinator Definition: Either a dedicated post or the post is fully responsible for co-ordinating the pharmacy exchange scheme as a part of their role.

Substance Misuse Services – Harm Reduction

CQI framework

Standards	Criteria 9	Questions	Information	Notes
D13	Action is taken to reduce the number of drug-related deaths	1) Does the partnership have a written multi-agency strategic plan for reducing <u>drug-related deaths</u>	Data source: Bespoke Questions for JCM	[1]
		2) What proportion of paramedics in emergency ambulance crews in the area have been trained in the use of Naloxone?	Data source: Bespoke Questions for JCM	
		3) What proportion of police custody officers have been trained to deal with overdose incidents?	Data source: Bespoke question for JCM	
		4) How many service users and carers have been trained during 2005/6 to deal with overdose incidents	Data source: Bespoke question for JCM	

Criteria 9

Notes & Definitions:

- [1] Drug Related Death: A death where the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances controlled under the Misuse of Drugs Act (1971) are involved. [Source: Office of National Statistics, 2003]

Substance Misuse Services – Harm Reduction

CQI framework

Standards	Criteria 10	Questions	Information	Notes
C11,D1, D5, D8,	Staff are competent to deliver effective harm reduction services	1) Are there protocols in place to ensure staff safety in relation to BBV?	Data source: Bespoke question for non-pharmacy based needle and syringe exchange providers	
		2) What training and experience in harm reduction do non-pharmacy fixed based needle and syringe exchange staff have?	Data source: bespoke question for non-pharmacy fixed based needle exchange providers	
		3) What training and support is provided for pharmacy staff providing NX services?	Data source: Bespoke question for Pharmacy Scheme Coordinator	
		4) Do service users feel respected by pharmacy staff?	Data source: Second Annual Service User Satisfaction survey 2006	
		5) What is the level of training or experience in harm reduction amongst staff working in specialist community prescribing services?	Data source: Bespoke data from specialist community prescribing services	