Inpatient Based Addiction Treatment Services (Tier 4)

Proposed Reconfiguration of Trust Services

Consultation Booklet

September 2013
Your Opportunity to Have Your Say – Responding to this Consultation Document

We are seeking your views on the proposals and questions set out in this document.

Comments are invited from all interested parties on the consultation questionnaire provided on Pages 3-10. You can send us your consultation response or comments by post or by email to:-

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Responses must be received no later than 5pm Friday 10th January 2014.

Alternative formats of this document including Braille, audio formats, large print or minority languages (for those not fluent in English) are available on request. Please contact us as above with your request.
CONSULTATION QUESTIONS

The Health and Social Care Board (HSCB) is inviting service users, members of the public and other stakeholders to comment on the recommendations and proposals outlined in this consultation document. You are invited to review the following questions and provide your response. In addition, you can insert comments/feedback within the text box under each question:

Question 1
Importance of Community Based Tier 3 Services
The consultation document highlights the importance of good quality community based addiction care and support. In most cases these services provide the most appropriate setting to deliver specialist care. To guide future service provision the HSC Board will produce a detailed plan setting out how Tier 3 services should be developed.

Recommendation
The HSC Board should develop a commissioning plan setting out the future development of Tier 3 services.

Do you agree/disagree with this recommendation:

☐ Yes  ☐ No

Please add any additional comments in the box below:

Tier 3 is the cornerstone of Addictions Treatment services and given the complexity of many of the patients presenting to services including polysubstance misuse, comorbid physical and mental illness, the Royal College of Psychiatrists recommend that these services should largely be statutory based services.

Question 2
Access to Tier 4 Detoxification/Stabilisation Care
Community based service provision, for detoxification/stabilisation, will not be appropriate for everyone, particularly those with more complex needs. In such cases, it may therefore be necessary to admit the individual to hospital for more specialist care and management. Ideally this should be dedicated/specialist Tier 4 treatment units.

Recommendation
Where care within the Tier 3 setting is not appropriate and admission to hospital for detoxification/stabilisation is required, this should be to a specialist treatment unit.
The Royal College of Psychiatrists welcome the equal access to tier 4 medically managed Addiction beds for all service users throughout Northern Ireland.

Question 3
Access to Tier 4 Rehabilitation Care
Following detoxification/stabilisation, most individuals will need a period of rehabilitative care. In most cases this can be undertaken within the usual community setting. However, this will not be appropriate for everyone, particularly those with more complex needs. In such cases, it may therefore be necessary to admit the individual to a residential unit specialising in the provision of Tier 4 rehabilitation care.

Recommendation
Where rehabilitation care within the Tier 3 setting is not appropriate, admission to a specialist Tier 4 rehabilitation facility should be available.

Do you agree/disagree with this recommendation:

X Yes  No

Please add any additional comments in the box below:

Question 4
Future focus of Health and Social Care based Tier 4 Service Provision

The treatment pathway for individuals with harmful/dependent substance misuse should generally encompass two phases of care i.e. initial detoxification and stabilisation, followed by rehabilitative care and support. It is proposed that the Tier 4 detoxification and stabilisation phase of care should be undertaken within the Health and Social Care sector with Tier 4 rehabilitation care mainly within the Independent sector.

Recommendation
Future Health and Social Care Trust Tier 4 provision should primarily focus upon the provision of the detoxification/stabilisation function.
Do you agree/disagree with this recommendation:

[X] Yes  [ ] No

Please add any additional comments in the box below:

In some circumstances there may be challenges to providing tier 4 rehabilitation within the voluntary sector. Examples include those patients with Serious Mental Illness, Intellectual Disability and the elderly and in these cases statutory rehabilitation beds should be made available.

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**Question 5**

**Regional Addiction Treatment Network**

To improve the quality of care being provided Health and Social Care and Independent sector Tier 4 providers should work closely together within a ‘Regional Addiction Treatment Network’ arrangement. The aim would be to oversee services across Northern Ireland and implement an agreed Tier 4 care pathway to deliver more consistent and evidence based care.

**Recommendation**

_A Regional Addiction Treatment Network encompassing both HSC Trusts and Independent sector commissioned to provide Tier 4 services should be established – their main task would be to develop, implement and monitor Tier 4 services regionally._

[X] Yes  [ ] No

Please add any additional comments in the box below:

The Faculty of Addictions within the Royal College of Psychiatrists in NI agree that a Regional Addiction Network should be established and that the remit of this network and the remit of the tier 4 service should be very clearly agreed to ensure equity of services throughout N. Ireland.
Question 6
Tier 4 Detoxification/Stabilisation Services – Number of Beds Required

Given the proposal that the main focus of future Tier 4 service provision should be the detoxification and stabilisation phase of care, it is important to consider the number of inpatient beds required to meet demand for such care. It is proposed that 24 specialist/dedicated beds are required within Northern Ireland to undertake this function – this reflects existing levels of Health and Social Care detoxification/stabilisation provision.

Recommendation
*Future Health and Social Care Tier 4 service provision should be based upon 24 beds regionally primarily focused upon the specialist detoxification/stabilisation function. This should also include limited capacity for rehabilitation care for relatively more complex/specific cases.*

Do you agree/disagree with this recommendation:

- [X] Yes
- [ ] No

Please add any additional comments in the box below:

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Question 7
Reinvestment of Savings

The importance of community based Tier 3 services has been noted. Any savings released from the reconfiguration of Tier 4 services should therefore be prioritised for re-investment into local Tier 3 services.

Recommendation
*Where funding is released from a reconfiguration of Health and Social Care Tier 4 services this should be re-invested in local community based Tier 3 services.*

Do you agree/disagree with this recommendation:

- [X] Yes
- [ ] No

Please add any additional comments in the box below:
Question 8
Monitoring the Number of Tier 4 Detoxification/Stabilisation Beds Required

The future level of Health and Social Care based Tier 4 provision is proposed as 24 beds focused mainly upon providing detoxification/stabilisation care. However, it is important to check that this level of provision is appropriate. With this in mind the HSC Board will therefore re-appraise the level of Tier 4 service provision within a 5 year period, by 2019.

Recommendation
The proposed number of Tier 4 detoxification/stabilisation beds should be reviewed/updated within the context of evolving population trends and need. The level of Tier 4 beds should be re-assessed by 2019.

Do you agree/disagree with this recommendation:

[ ] Yes  [ ] No

Please add any additional comments in the box below:

It is important that access to these tier 4 Addiction beds is through tier 3 Addiction Services only to ensure appropriate admissions and to prevent the service becoming overwhelmed.

Question 9
Options for Providing 24 Beds

Taking account of the proposal for 24 beds required for detoxification/stabilisation care within the Health and Social Care sector, an option appraisal demonstrated that to provide high quality clinical care and provide reasonable geographical access, these beds should be provided on two sites. This arrangement would provide the residents of each Trust in Northern Ireland with access to this service.

Recommendation
Future Health and Social Care Tier 4 provision, being mainly focused upon detoxification/ stabilisation provision should be based upon a two site regional service model.

Do you agree/disagree with this recommendation:

[ ] Yes  [ ] No

Please add any additional comments in the box below:

Ideally given the geographical size of N.Ireland, three units would be preferable to reduce travelling distances for service users. However we appreciate that given the options appraisal this would pose difficulties. The Royal College of Psychiatrists in NI
have concerns that the proposed potential sites for the tier 4 beds in Antrim and Downpatrick would cause specific difficulties for those service users travelling from the Western area of N. Ireland.

ADDITIONAL COMMENTS

If you would like to provide additional comments please include these in the following box:

There are a number of further issues regarding tier 4 services that the Regional Addictions Faculty within the Royal College of Psychiatrists in NI would like to raise:

1. The geographical position of the rehabilitation beds are of greater importance than the medically managed beds and all efforts should be made to facilitate services users near their own home. This is to ensure good after care links are made and that family members can be involved in both the rehabilitation and visiting of their loved ones.

2. Again if rehabilitation beds are not located within the service users' local area where they can access their own General Practitioner if required, provision will need to be made for medical input to the tier 4 rehabilitation bed for these people.

3. There are likely to be a number of admissions to the statutory tier 4 medically managed beds of service users with Alcohol Related Brain Damage for stabilization, detox and intravenous vitamin therapy. As there currently is no service provision for this patient group, there is a concern that these patients may 'bed block' within the tier 4 Addiction service resulting in prolonged admissions. This should be taken into account when Tier 4 services are being reassessed within 5 years.

4. There has been no provision made for those service users who require longer term rehabilitation (>12 weeks) and if required this will continue to result in an extra contractual referral.
The Royal College of Psychiatrists in Northern Ireland (RCPsych in NI) welcomes the opportunity to respond to this Consultation.

The Royal College of Psychiatrists is the statutory body responsible for the supervision of the training and accreditation of psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care and prevention of mental and behavioural disorders.

The College has 320 members in Northern Ireland, including doctors in training. These doctors provide the backbone of the local psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

These views represent the opinion of the Northern Ireland Addictions Faculty in consultation with Members of the Royal College of Psychiatrists in Northern Ireland Executive.

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Equality implications

1. This proposal was screened for equality and human rights considerations. A full copy of the screening exercise is included as part of this consultation. Please let us know if you are satisfied with the content of the screening exercise and outcomes. If not we would be interested in your reasons for this.

   Yes [X]  No

Comments:

2. If you have any suggestions on how the proposals could better promote equality of opportunity, human rights or good relations please give details.

   Yes  No

Comments:

With regards to the right to family life, consideration should be given to the location of the tier 4 medically managed and rehabilitation service as previously discussed (Additional Comments).
3. If you have any additional evidence to support the equality and human rights screening activity give details below.

Yes  No  X

Comments:
Appendix A


The HSCB will publish a summary of responses following completion of this consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Board can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Board in this case. This right of access to information includes information provided in response to a consultation. The Board cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor’s Code of Practice on the Freedom of Information Act provides that:

- the Board should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Board’s functions and it would not otherwise be provided
- the Board should not agree to hold information received from third parties “in confidence” which is not confidential in nature
- acceptance by the Board of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner’s Office (or see website at: http://www.informationcommissioner.gov.uk).