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BMJ

Integrating services for vulnerable populations - examples from drug recovery and getting people back in work

Lee Middleton,
Glasgow Alcohol and Drug Recovery Service

Kathryn Paterson,
Scottish Government

David Hutchison-McDade,
NHS Fife

Chair: Liz Sadler,
Scottish Government

Housekeeping

Let us know if too hot or too cold!
All Teach All Learn
Interactive – please feed in questions and comments!
Have fun!
Please tweet #quality19

Session Objectives

1. Develop a better understanding of two care/support models (one within Glasgow Alcohol and Drug Recovery Services, the other is a pilot called ‘Health & Work Support’)
2. Identify the opportunities and challenges when applying quality improvement within a new area.
3. Understand the challenges in engaging some groups in traditional care models
4. Recognise the opportunities for collaborative and cohesive approaches within own organisation/context.

Timing	Summary
13.15-13.20	Welcome and session objectives
13.20-13.35	Overview of combined community drug recovery and hepatitis C treatment clinic (within Glasgow Alcohol and Drug Recovery Services)
13.35-13.50	Overview of Health & Work Support pilot
13.50-14.00	Q&A
14.00-14.15	Discussion and reflection (delegates to discuss 3 questions with the person sitting beside them)
14.15-14.30	Three volunteers to provide feedback on discussion to the room. Close

Glasgow City HSCP
Health and Social Care Partnership

Combined community drug recovery and hepatitis C treatment clinic

Dr Lee Middleton

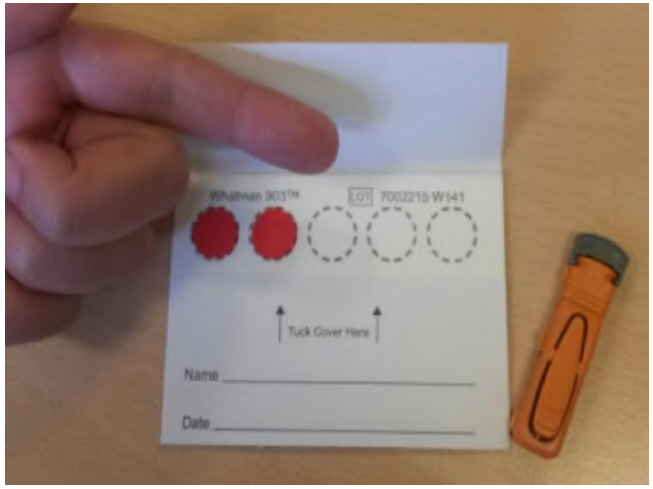
Glasgow Alcohol and Drug Recovery Service

NHS Greater Glasgow and Clyde

Glasgow City Council

Background

- OST clinics in Govan
- Average caseload of 200
- Regular HCV testing (uptake >98%)
- Approx. 1/3 active HCV



Problem

- Poor engagement with available hospital based treatment service
- Chronic, untreated HCV

- How to increase engagement with assessment?
- How to increase treatment?

The plan

- Offer one-stop drug recovery service and HCV treatment clinic
- Work collaboratively with hospital services to ensure continuity of care
- Maintain engagement with a view to quick assessment/treatment

Staff

- Two addiction nurses
- Senior HCV addiction nurse
- Medical officer
- Hospital clinical nurse specialist
- Third sector HCV support service

Waverley Care
making a positive difference

Interventions

- Liver assessments
- Fibroscans
- Direct-acting antiviral (DAA) medication
- OST
- Harm reduction
- Befriending and HCV 1:1 support

Glasgow City HSCP
Health and Social Care Partnership

Interventions

NHS Greater Glasgow and Clyde

Glasgow City Council

Glasgow City HSCP
Health and Social Care Partnership

Results

	HCV Clinic (%)	Hospital (%)	Overall (%)	p-value
Allocated	35 (47.3)	39 (52.7)	74 (100)	
Gender M/F	29/6 (82.9M)	26/13 (66.7M)	55/19 (74.3M)	
Treatment completed	18 (51.4)	9 (23.1)	27 (36.5)	0.011
Continuing engagement	16 (45.7)	8 (20.5)	24 (32.4)	<0.001
Untreated/ disengaged	0 (0)	15 (38.7)	15 (20.3)	<0.001
Deceased	1 (2.9)	7 (17.9)	8 (10.8)	0.036

NHS Greater Glasgow and Clyde

Glasgow City Council

Cirrhosis

- Different care pathway involving consultant review
- 24 patients found to have cirrhosis
- 12 allocated to each clinic

- Combined clinic – all treated or continued engagement
- Hospital services – 3 treated/engaged, 7 disengaged, 2 deceased

Drug use

	HCV Clinic (%)	Hospital (%)	p-value
Treatment completed	18	9	
Reported drug use pre-treatment	14 (77.8)	5 (55.6)	0.234
Reported reduced/no drug use during treatment	13/14 (92.8)	0/5 (0)	<0.001
Maintained reduced/no drug use 3 months post treatment	6/13 (46.2)	n/a	

Pollok Outreach

- Caseload average of 250 OST patients
- Embedded annual BBV testing
- 54 identified cases HCV
- 47 either treatment ready or complete
  - 35 outreach (74%)
  - 12 hospital

Next Steps

- Remaining untreated patients absorbed into Govan combined clinic
- New patients transferred when OST stabilised
- Continue outreach work in Pollok
- Establish combined clinic/outreach in South East

Summary

- Combined clinic more effective than traditional care model
- Reduction in all cause mortality
- Reduced drug use, sustained post-treatment
- Easily to replicate or adapt

Thank you

lee.middleton@ggc.scot.nhs.uk

Acknowledgements

- Lesley Graham, senior HCV addiction nurse
- Christine McNeill, clinical nurse specialist
- Jennifer Kelly, addiction pharmacist IP



Health & Work Support Pilot - Fife and Dundee



What is the Health & Work Support Pilot?

- 2 year trial of a new access channel in Fife and Dundee
- Integration of current health and work services
- Single point of contact for health and work support (telephone line and web access)
- Fast access to support.

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Health & Work Support

Who is Health & Work Support for?

- Those struggling to stay at work or absent from work with a health condition/disability
- Recently unemployed (up to six months) due to health conditions/disability.
- Employers in the Fife or Dundee City area who require general or specific advice and support on health, disability and work issues.

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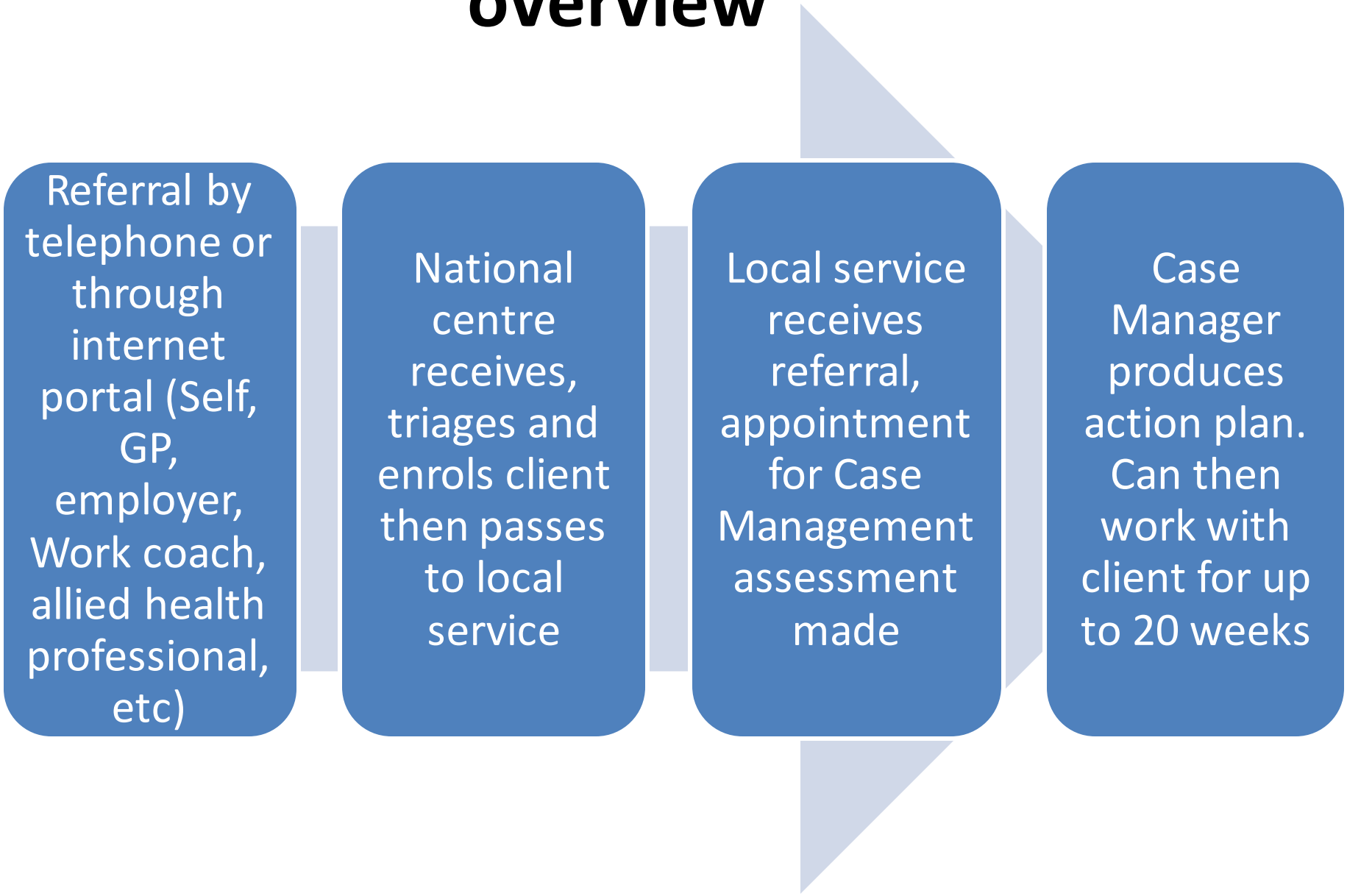
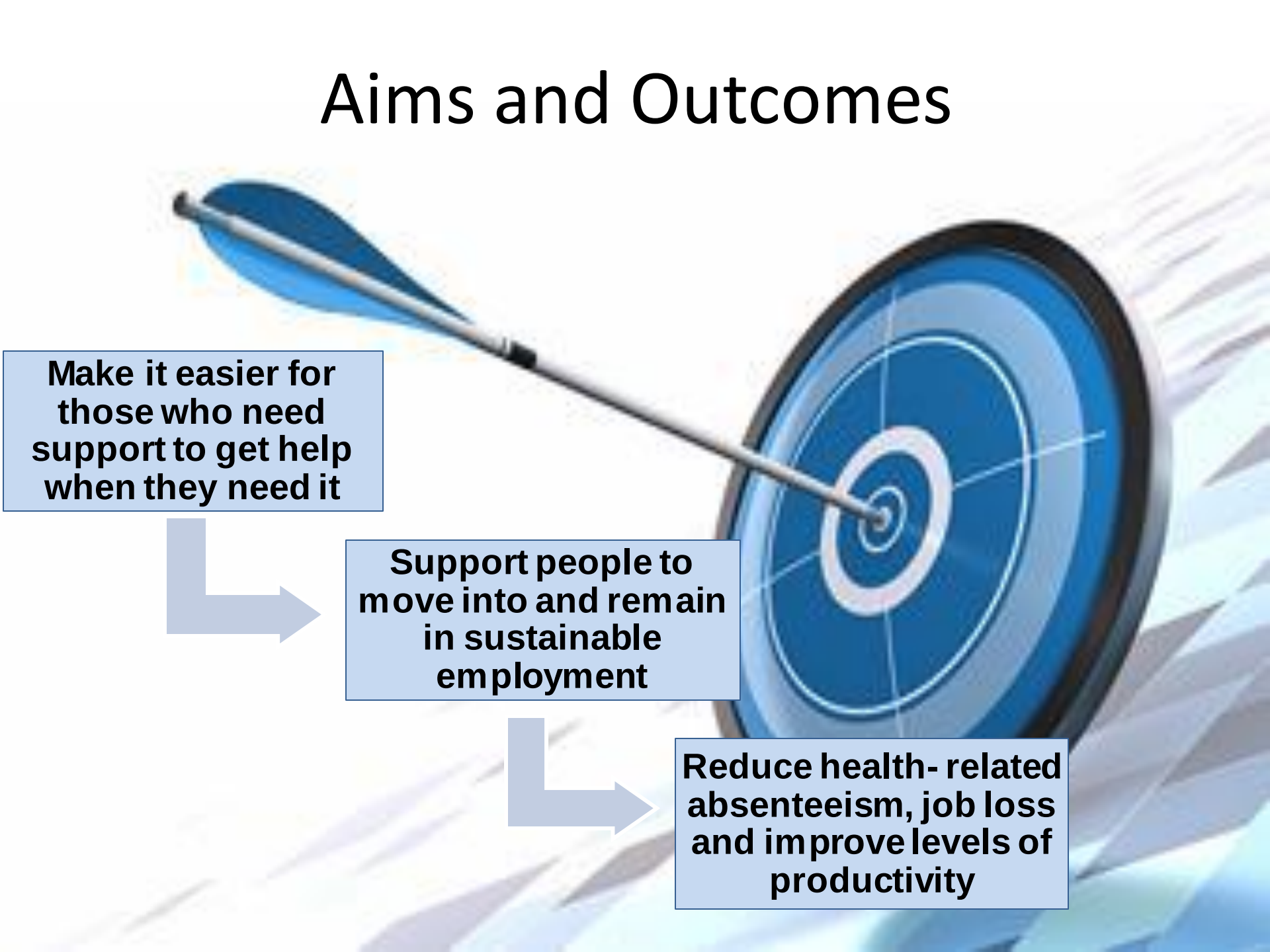
Health & Work Support

Health & Work Support – process overview



Aims and Outcomes



Make it easier for those who need support to get help when they need it

Support people to move into and remain in sustainable employment

Reduce health- related absenteeism, job loss and improve levels of productivity

Improvement Programme Structure

Welcome → **Workshop 1** → **Workshop 2** → **Workshop 3** → **Shared learning** → **Dissemination of learning**

Project Support

Improvement Advisor support

Improvement Support Meetings

Monthly Updates

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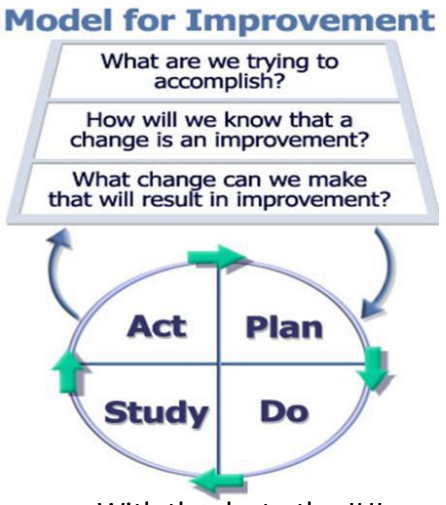
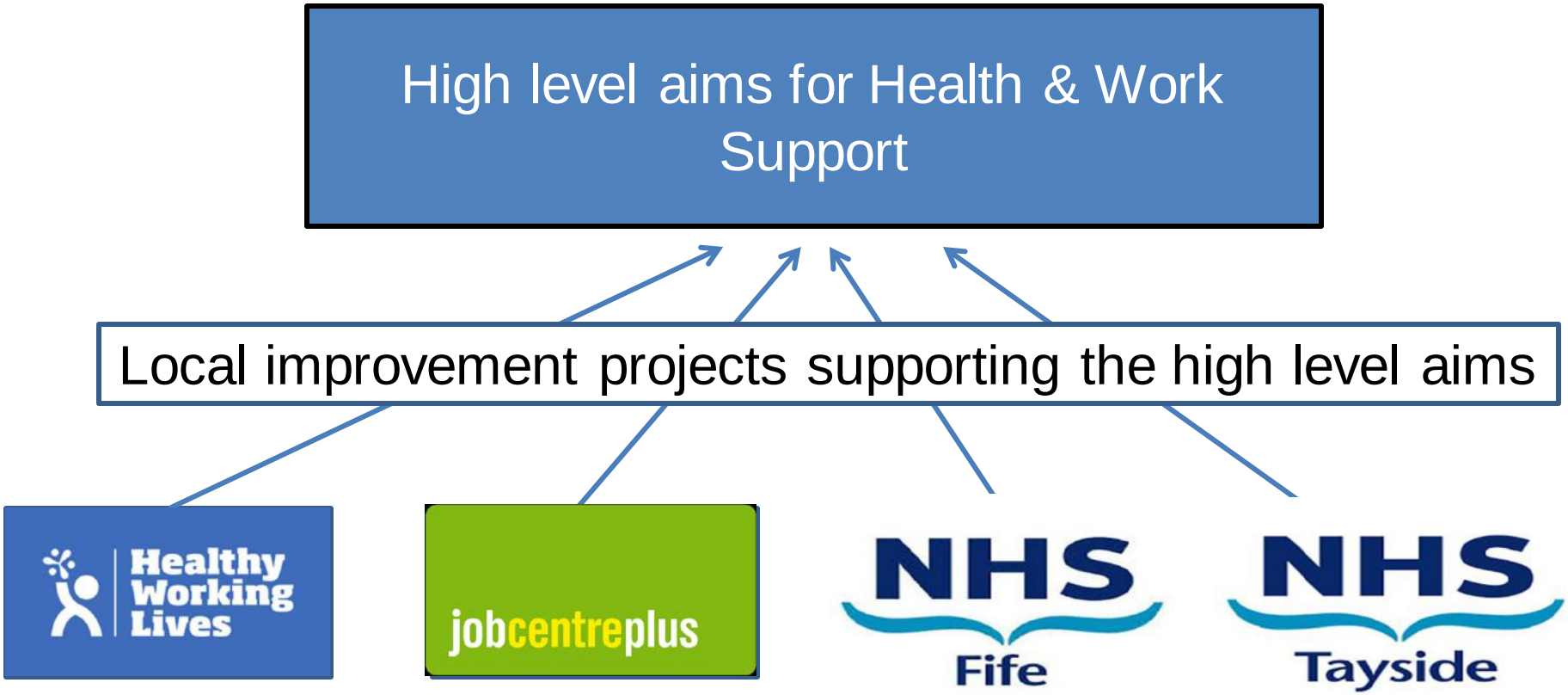


With thanks to the IHI

Health & Work Support – use of improvement methodology




Health & Work Support
Improvement Programme
Workshop 1
October 2018

Health & Work Support Improvement Programme 2018-2019

David Hutchison-McDade
Mental Health Nurse, NHS Fife

AIM

The Health and Work Support pilot in Fife will achieve an increase of an additional 20 enrolments, month on month, by July 2019.

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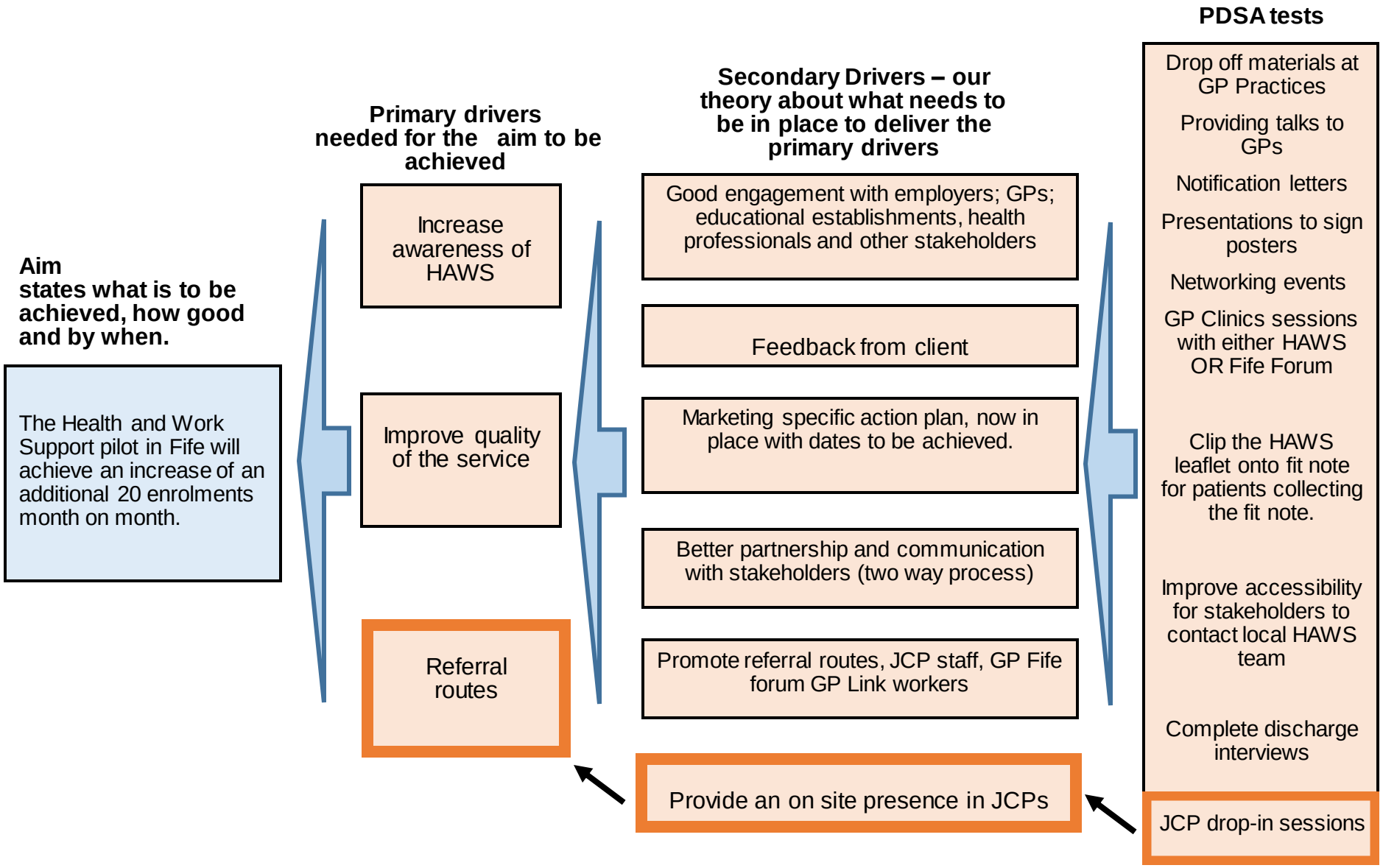
Health & Work Support



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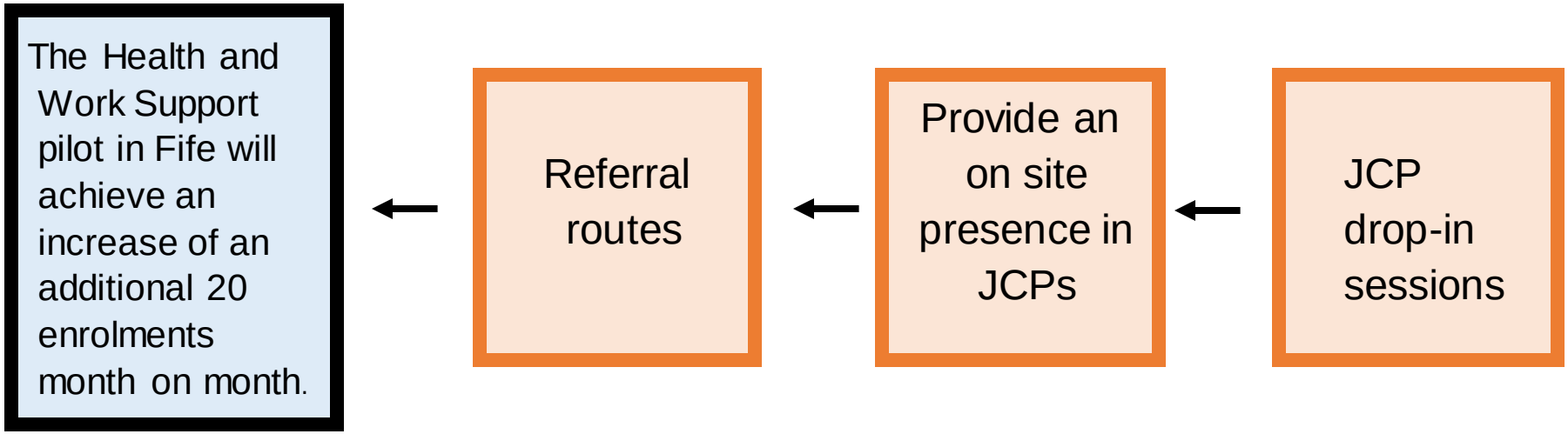
Driver Diagram



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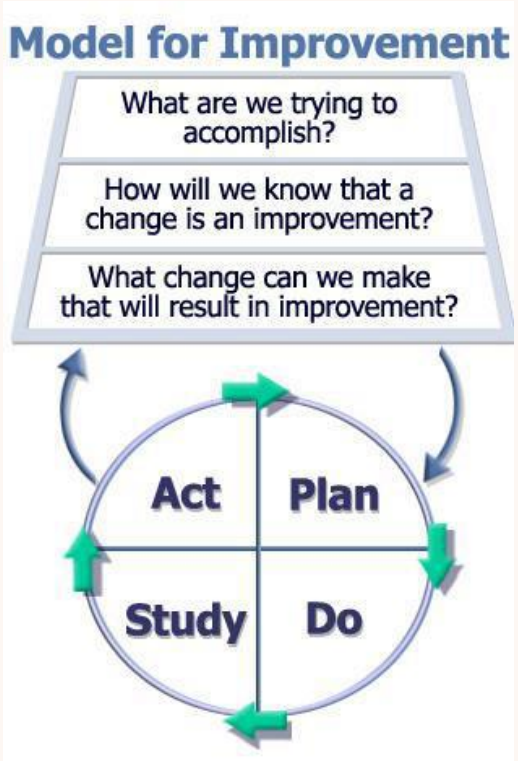
Health & Work Support

A model for learning and change



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PDSA Cycles

- **Cycle 1-** Drop-in session in Dunfermline JCP in the afternoon (Sept 2018)- no potential clients attended. Feedback from JCP staff to try morning as people attend with fit notes
- **Cycle 2-** Drop-in session in Dunfermline JCP in the **morning** (Sept 2018) - no potential clients attended. Feedback from JCP staff to try morning as people attend with fit notes
- **Cycle 3- Four day launch** event in Cowdenbeath JCP between 15th-19th October 2018- launch the service to JCP staff and drop-in clients. We had 5 potential clients attended.
- **Cycle 4-** Drop-in session in **Cowdenbeath** in morning (6th November)- 2 potential clients attended
- **Cycle 5-** Started **diarised appointment** slots in Cowdenbeath in morning (20th November)- 5 potential clients attended (full diary)
- **Cycle 6-** Diarised appointment slots in Cowdenbeath in morning (4th December 2018)- 5 potential clients attended (full diary) **Repeated**
- **Cycle 7-** Diarised appointment slots in **Kirkcaldy JCP** in morning in December 2018- 3 potential clients attended

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Health & Work Support

What have we learnt?

- Diarised appointments have been more successful than drop-in, as it allows the potential client to have a more structured, planned and personal approach. **25 new cases have been enrolled since starting diarised clinics.**

- It allows H&WS staff to effectively utilize time when running clinics

- The PDSA Cycles has been an effective tool at allowing us to test out rapid change ideas, along with

    - Building up good working networks with JCP staff.

    - Have a presence within the JCP for staff to ask any queries, and to be there for support to staff e.g work coach had a client who was reluctant to come and speak to me, work coach approached me, and I went to introduce myself to the client, and the client then came and had an appointment.

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Health & Work Support

What next

We are running other PDSA Cycles, test of change ideas

- H&WS business cards attached to patients Fit notes at GP Practice
- GP Notification letters that their clients are engaging with H&WS

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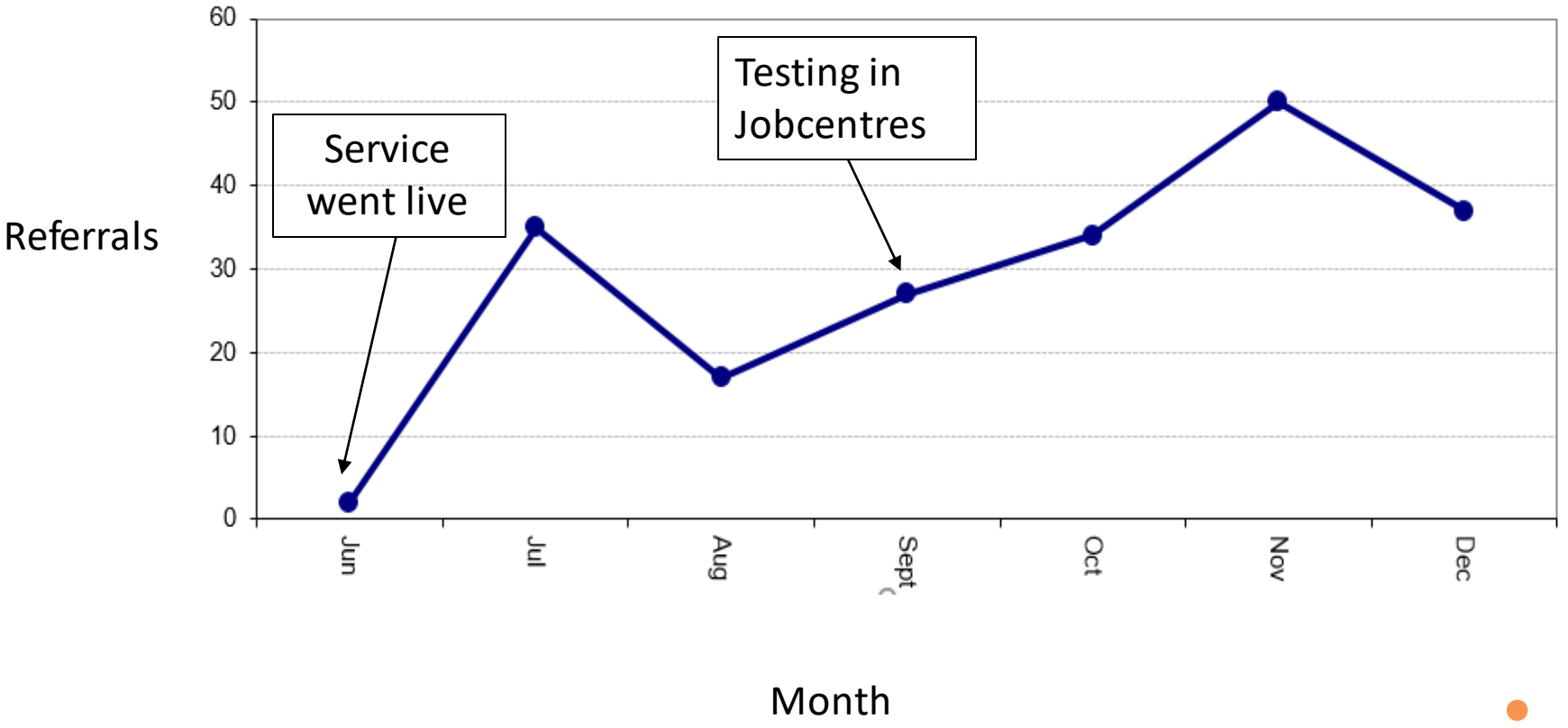
Health & Work Support

Number of Referrals Per Month into Health & Work Support Fife June to December 2018



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Health & Work Support

Challenges

Opportunities


Q
A

Discussion and Reflection

1. What are effective ways to introduce quality improvement to new groups/areas?
2. How can we overcome the challenges in engaging people in services like those shared today?
3. What are the opportunities for more collaborative and cohesive approaches within your own context?