

# Low Barrier Access to Opiate Substitution Therapy (OST)

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## Quality issue / initial problem

- Scotland had the highest number of Drug Related Deaths since records began in 2018. There is a strong evidence base that Opiate Substitution treatment is a protective factor in reducing drug related death and can link people using drugs into other harm reduction measure's and improve quality of life.
- Information Services Scotland in the same year estimated that only 42% of people using drugs in Scotland were engaged with a drug treatment service.
- These are the people who are at a higher risk of Drug Related Death/Harm.

## Specific aim

To increase the numbers of opiate dependent patients engaged and retained in OST by offering a low barrier access model of care based on the ethos of realistic medicine, thus reducing barriers to health care generally and contributing in the longer term to a reduction in drug related death/harm.

## Measurement of Improvement

- Improvement in the waiting time from point of referral to commencement of OST.
- Improvement in ongoing engagement rates
- Improved satisfaction and experience for patients and support providers (using emotional touch points)

## Tests of Change

- Test 1 – Update clinical governance titration guidelines to ensure OST can be initiated on the same day of presentation if chosen by the person using the service
- Test 2 – Offer choice and holistic wrap around care for people starting on OST with the person being at the heart of the care planning

## Lessons learned and message for others

- Keeping the initial test of change very simple with a smaller sample of people allowed time to reflect/evaluate and focus when moving on to the next cycles. During the QI project the aim was person centred prescribing with a realistic medicine approach to OST, therefore the envisaged clinical model needed adapted to clinical and assertive outreach to deliver prescribing in this way .



## Effects of Change

- No DNA's or CNA's following commencement of OST and no one disengaged from OST. The time from assessment to treatment reduced to 21 days to 0 days. Assessment for OST was reduced from three appointments for the person down to 1. There was no adverse events with this model of rapid access. All people involved engaged with Blood Bourne Virus Testing , Naloxone training and additional supports with an increase in family members attending. Access to someone with lived experience was available and supported engagement with wrap around support.
- Referral rates for the service following the test of change have increased by 60%, thus providing some evidence that low barrier access works.

## Tools

- Run Charts
- Emotional touch points
- PDSA cycles
- Lived experience feedback

