

Purpose

Total Budget - £115,710

Purpose: To provide medically managed inpatient detoxification from drugs and alcohol in Northamptonshire or within the East Midlands Region.

Aims and objectives of service

The Commissioner expects this service to deliver the following for the service user group

Aim	Objectives
To provide good access to inpatient detoxification as part of a planned element of a wider treatment journey	<ul style="list-style-type: none"> • To comprehensively assess the complex needs of service users in conjunction with community teams to determine their suitability for inpatient detoxification • To provide good access to inpatient detoxification for all groups of service users, including low waiting times • To effectively promote and publicise the service with community drug and alcohol services and how to access it
To deliver the inpatient element of an individual's treatment journey contributing to them achieving sustained recovery from drug and/or alcohol misuse	<ul style="list-style-type: none"> • To prescribe medicines where clinically appropriate adhering to clearly defined protocols and prescribing guidelines • To prescribe medicines as an adjunct to relapse prevention strategies • To prescribe medicines for mental health and/or physical healthcare needs and/or co-morbidity as appropriate • To provide confidential care and treatment to service users with substance misuse problems
To minimise harm to service users, their carers, families and friends and the community as a direct or indirect result of substance misuse	<ul style="list-style-type: none"> • To comprehensively assess risk and respond in a timely and appropriate manner in relation to service-user presentation and need; this includes safeguarding issues, domestic violence & overdose

	<ul style="list-style-type: none"> • To prevent the spread of blood borne viruses and sexually transmitted infections within the service user population • To improve the physical and psychological health of service users
To provide a service that is flexible and responsive to service user needs, where the thoughts and opinions of the service user are considered when decisions are made regarding their treatment and care	<ul style="list-style-type: none"> • To effectively manage all identified risk via a risk management care plan • To provide the opportunity for service-users to take an active role in the planning and delivery of their care • To provide a service that is sensitive and responds appropriately to the needs of all service users regardless of ethnicity, gender, disability or sexual orientation • To educate and empower service-users to control their misuse of illicit substances and alcohol
To share information appropriately with partnership organisations with service-user consent, and maintaining confidentiality	<ul style="list-style-type: none"> • To refer service-users to the community-based treatment and physical healthcare organisation • To work collaboratively with community services to ensure appropriate and timely discharge planning
To provide cost effective services, delivering value for money	<ul style="list-style-type: none"> • To undertake quality audits • To provide performance and monitoring reports as requested by the commissioner
To ensure that service users and beneficiaries are at the heart of the treatment system and their own recovery journey	<p>To ensure that service users are:</p> <ul style="list-style-type: none"> • Actively involved in, and make informed decisions about their care and treatment • Involved in informing how the service is developed and run • Are provided with active peer mentoring and support opportunities and that mutual aid is supported and developed
<p>To ensure that medically managed care is required and is delivered the following provides guidance. Medically managed is characterised by:</p>	

- Care for service users whose severe and complex medical and/or psychiatric needs require supervision in a controlled medical environment
- A planned programme of medically supervised evaluation, care, and treatment of mental and substance-related disorders, delivered in an acute care inpatient setting by clinicians (including Consultant Psychiatrist(s)) with appropriate substance misuse qualifications). See section 2.6 for description of qualifications.
- 24-hour clinical cover for medically supervised evaluation and withdrawal management. Out of hours, there must be on call cover arrangements that can provide access to medications, respond to medical emergencies and overall be able to manage acute withdrawals. There is a Duty Doctor/Consultant Psychiatrist on call system to support this.
- There must also be out of hours duty pharmacist support
- The routine availability of both detoxification and stabilisation as is clinically indicated

Service overview

The Provider will deliver a Northamptonshire (preferable) or East Midlands based medically managed substance misuse inpatient detoxification service for residents of North Northamptonshire and West Northamptonshire.

Both members of the Northamptonshire Consortium has a different amount of money available to pay for the service, and there is a need to ensure that the requests for service delivery (and expenditure on the service) by each member of the Northamptonshire are monitored. The Provider's role will include provision of an information management / coordination function to monitor:

- usage of bed days by each Consortium member, to show whether that usage is in proportion to the financial allocation per Consortium member; and
- to ensure quality assurance of the inpatient pathway in line with clinical guidelines and any further standards requirements from the Office of Health Improvement and Disparities (OHID)

The Provider will also manage the referral and assessment processes pre-admission and on admission, pharmacological and psychosocial treatment interventions including stabilisation on prescribed substitute medicines and/or assisted withdrawal from substances. This will be delivered as part of an integrated treatment system with 24-hour cover from a multidisciplinary team who are appropriately skilled, knowledgeable and experienced in managing the care and treatment of service users with substance misuse problems and often complex comorbidities.

The Provider will be responsible for all aspects of quality and performance monitoring in line with clinical guidelines and any further standards requirements from OHID.

The following are the essential elements that the Commissioner requires to be delivered:

- Medical assessment
- Stabilisation
- Detoxification/assisted withdrawal
- Emergency care for those in crisis
- Assessment, Preparation and referral for residential rehabilitation
- Psychosocial interventions
- Testing, vaccination and referral for Blood Borne Viruses
- Overdose prevention training and provision of naloxone
- Health promotion, including referral/signposting to smoking cessation and healthy lifestyle and wellbeing support
- Integration with community substance misuse service offer
- Discharge planning
- A coordinating function across the Northamptonshire Consortium inpatient detoxification pathway.
- The Provider is required to have a minimum of three years of experience of delivering medically managed Inpatient Detoxification Services that achieve positive outcomes for the people accessing the service
- A detailed mobilisation plan for the service
- Quality assurance in line with OHID requirements

Inclusion criteria

The target groups for inpatient admission should be in line with NICE guidance:

<https://www.nice.org.uk/guidance/cg52>

<https://www.nice.org.uk/guidance/cg100>

<https://www.nice.org.uk/guidance/cg120>

Service users are eligible if they are:

- Northamptonshire residents
- Aged over 18 years. The service may, in exceptional circumstances, consider admitting service users outside of this age range. This will be done in consultation with commissioners and will be considered in terms of clinical contact with the referring provider, considered on a case-by-case basis.
- Presenting with a high level of complex needs and have had numerous changes to their community based care plan in an attempt to initiate significant lifestyle change which have proven unsuccessful. Complex needs may include resistive and persistent illicit-drug use which has not responded to community interventions, as well as complex physical comorbidity healthcare needs, and deterioration in mental health.

A lower threshold for inpatient assisted withdrawal will be considered in vulnerable groups, for example, homeless and older people. This will be decided between the community substance misuse treatment provider and the Provider of this service

The target group for in-patient detoxification will include individuals presenting with (but not limited to) the following:

- Physically dependence on one or more classes of drugs and/or alcohol
- Physical, mental health needs or comorbidity
- Chaotic poly substance misuse
- Pregnancy
- Service users who have been unable to initiate and sustain significant lifestyle changes whilst accessing community based treatment services
- A social network, physical presentation and history of treatment which preclude them from further attempts at community detoxification
- A history of alcohol withdrawal complicated by seizure activity, Delirium Tremens, Wernicke's Encephalopathy or Korsakoff's Syndrome
- A known history of overdose
- A maximum daily dose of 60mg methadone or less
- A requirement for detoxification prior to moving on to longer term residential rehabilitation.

Exclusion criteria

Exclusions will include:

- Service users presenting with acute psychosis who require acute psychiatric treatment
- Service users who present with serious physical morbidity which requires general medical admission and treatment - however these will always be considered once physical healthcare needs have been successfully addressed.
- Anyone not ordinarily resident in Northamptonshire.
- Service users aged under 18 years (except in exceptional circumstances, as above)

If a service user is assessed as not suitable for the inpatient service the referring agency will be notified by the Provider and provided with information on why the referral was not accepted. The Provider will be expected to refer on to appropriate services.

Workforce / Competencies / Training & Education

The Provider will ensure a qualified and competent workforce to deliver the required service and interventions set out within this service specification. Staffing levels must be cost effective and sufficient twenty four hours a day, seven days a

week to ensure safety, clinical effectiveness and the outcomes identified for this service user group.

This service must be provided by a multidisciplinary team of staff with the appropriate qualifications, competencies, experience, clinical and specialist knowledge in managing addictive behaviours, clinical supervision, and registration with the appropriate regulatory bodies.

The Provider must ensure that sufficient staffing is available to ensure continuity of service, taking into account sickness, holidays and other absences; and that staff are able to meet the presenting clinical needs of service users admitted. This should take into account 24-hour nursing support, medical and on-call cover.

The Provider shall be responsible for ensuring continuity of care and the careful selection of appropriately trained and competent staff, drawn from a range of professional and non-professional backgrounds.

The majority of workforce will be professional registrants (i.e. Registered Nurses/Nursing Associates/Doctors) and the Provider will have governance arrangements in place to monitor the registration of these staff.

The Provider will be responsible for the careful selection of appropriately trained and competent staff, drawn from both professional and non-professional backgrounds with the required attributes to meet the needs of the service users.

As a minimum, these will include:

- A Lead Consultant Psychiatrist, who is trained and experienced in the clinical management of Addictions. All training and competencies must be in line with guidance from the Royal College of Psychiatrists i.e., has a CCT in Addictions and registered as a specialist on the GMC register.
- Other medical staff should include a mix of physical and mental health competencies.
- A level of nursing cover that ensures access to 24-hour onsite support for service users with complex needs.
- Support staff who either have or working towards the Care Certificate (accreditation via Health Education England).
- Staff to deliver a therapeutic group programme. These staff will have received the appropriate group work skills training and appropriate supervision.
- A visible workforce of people with lived experience of addiction.

The Provider must ensure that staff hold relevant qualifications and that all staff are working towards nationally accredited occupational standards recommended by Office of Health Improvement and Disparities, once approved.

The competence of practitioners with regard to prescribing interventions is paramount. Relevant treatment interventions must be provided by health professionals with appropriate qualifications and training.

The Provider shall ensure that all staff have access to regular development and are competent in the delivery of evidence based, best practice detoxification that adheres to the NICE clinical guidelines.

The Provider is responsible for ensuring that staff have regular supervision and training to develop and maintain their competences in line with clinical governance requirements. There must be mechanisms in place to monitor and ensure revalidation takes place for those who are required to do so.

Staff qualifications are required to be up to date, including those for whom periodic registration is required with access to clinical supervision and mandatory training.

The Provider must provide an induction and basic training programme appropriate for the needs of the service users within a reasonable period of taking up an appointment.

Relevant qualifications include:

Clinical staff:

- ☐ Registered manager - with a clinical qualification (RGN Nurse, RMN Nurse or Occupational Therapist [OT] up to degree level), as well as a relevant management or leadership qualification.
- ☐ RGN Nurses
- ☐ RMN Nurses
- ☐ Nurse Associates
- ☐ GPs (qualified up to GP With Special Interest [GPWSI]) in addiction
- ☐ Core Trainee 3 Doctors
- ☐ Specialist Addiction Psychiatrist (qualified up to Consultant Addiction Psychiatrist Level)
- ☐ Non-Medical Prescribers (NMP) - degree level RGN Nurse or RMN Nurse qualification, and completion of the NMP course

Psychosocial and other non-clinical staff:

- ☐ Support Workers - a Level 3 Diploma in Health & Social Care as minimum requirement
- ☐ Therapy Team Lead – a degree qualification in relevant area
- ☐ Specific therapists – suitably trained within that therapy, and are regulated by the appropriate board

The Provider must have in place written recruitment and selection policies and procedures, which are not discriminatory and take into account all current

legislation, including equality legislation. Policies and procedures should cover advertising, interviewing, recruiting and establishing competencies and qualifications of workers. All staff should have up to date job descriptions and person specifications.

The Provider must provide and maintain a detailed description of the staffing structure of its organisation, which will indicate the managerial relationship between staff and the organisation.