

Godfrey Hayes

Service Manager COMMUNITY DRUG & ALCOHOL SERVICE

COVER FOUR COUNTIES.

DENBIGHUHIRE WREXHAM FLINTSHIRE

IN PARTNERSHIP WITH

PROBATION POLICE LHBs

WE PROVIDE

AND MANAGE A WIDE

RANGE OF SERVICES

SUBSTANCE MISUSE MIDWIFERY LIASON SERVICE

YOUNG PERSON'S SUBSTANCE MISUSE SERVICE

BENZODIAZEPINE SERVICE

PRIMARY HEALTH CARE WORKERS

(SHARED CARE)

CRIMINAL JUSTICE

INTERVENTION

WORKERS

(ARREST REFERRAL, PROLIFIC OFFENDERS, DTTO, DARs)

NORTH WALES

NEEDLE SYRINGE

EXCHANGE

(COMMUNITY PHARMACIES - SERVICE BASES)

OUTREACH HARM REDUCTION TEAM (HRT)

Work Mainly from Camper Van

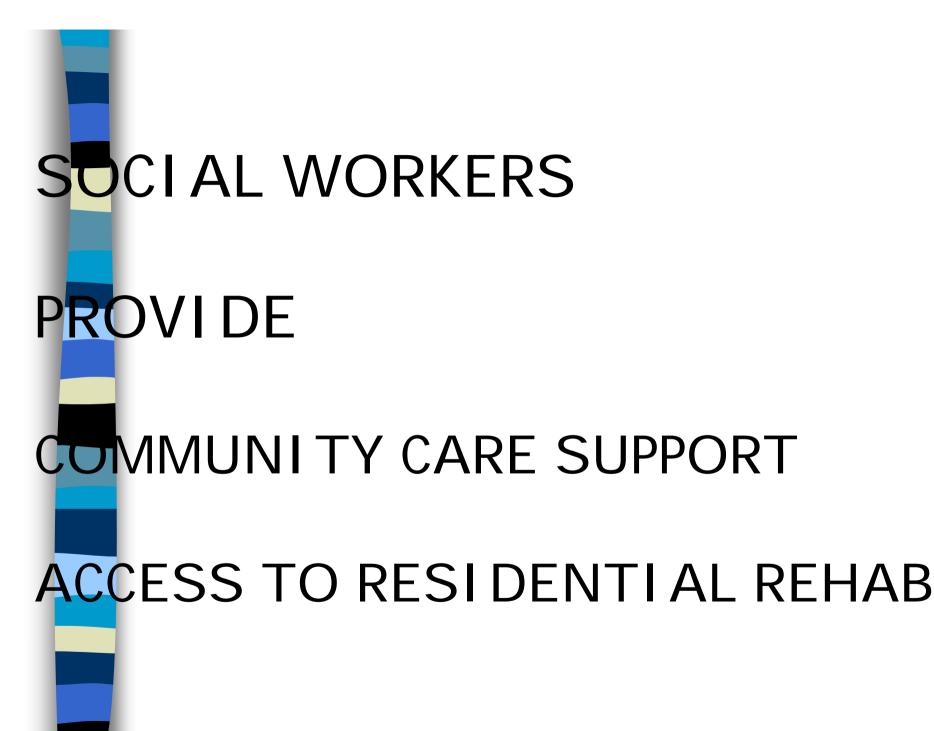


CORE

DRUG AND ALCOHOL

WORKERS

NURSES, SOCIAL WORKERS, SUPPORT WORKERS



CONSULTANT PSYCHIATRIST Dr Julian Race

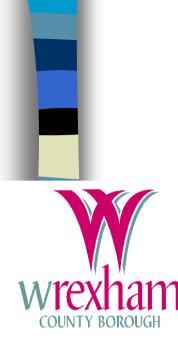
NURSE CONSULTANT

&

SOME

RECENT

ACHIEVEMENTS







SINGLE LINE



MANAGEMENT



WORKING TOWARDS

FULLY INTEGRATED

TEAMS

HEALTH & SOCIAL CARE

INCREASED SHARED CARE

SUBSTANCE MISUSE ACTION PLAN FUNDED POSTS

WREXHAM

FLINTSHIRE

5 PRACTICES 48 SERVICES USERS

7 PRACTICES 66 SERVICE USERS

NOW 7 PRACTICES 98 SERVICE USERS

NOW 15 PRACTCES 70 SERVICE USERS

CONWY

2 PRACTICES 14 SERVICES USERS

DENBIGHSHIRE

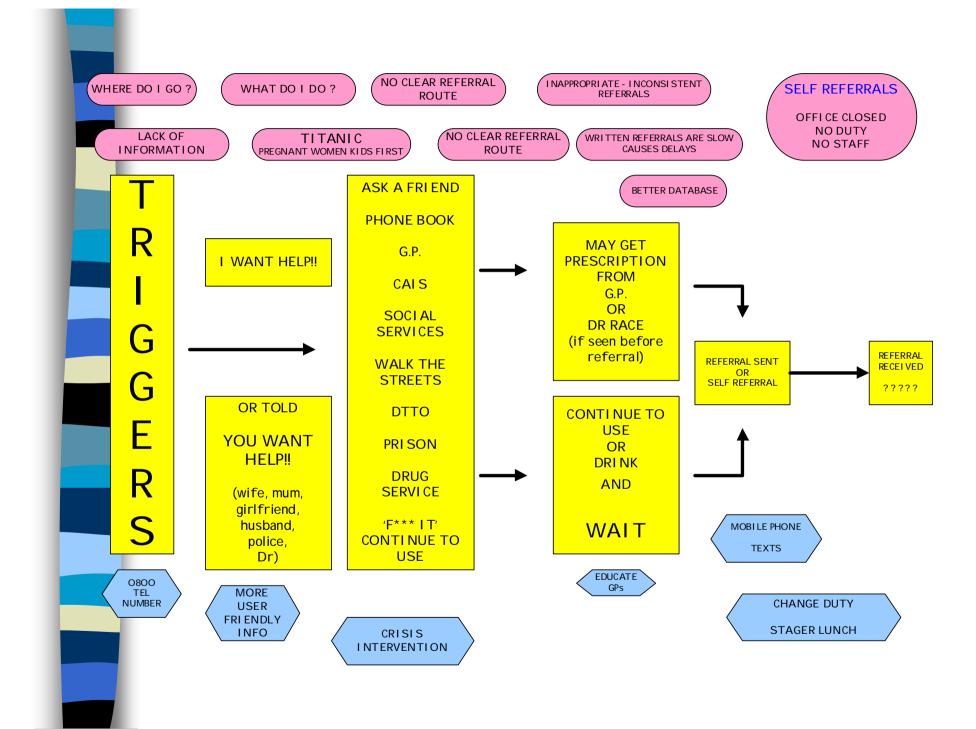
5 PRACTICES 29 SERVICE USERS

NOW 12 PRACTICES 48 SERVICE USERS NOW 10 PRACTCES 53 SERVICE USERS



NHS MODERNISATION AGENCY

NTA "OPENING DOORS"



REDUCED WAITING TIMES NUMBERS WAITING

FOR TREATMENT

AVERAGE WAIT FOR ASSESSMENT

NOW LESS THAN 10 DAYS

WAS UP TO 18 MONTHS

NO WAIT

FOR PRIMARY CARE

STILL WAITING LISTS

FOR SECONDARY CARE

SECONDARY CARE STILL HAVE PEOPLE WHO SHOULD BE FRIMARY CARE

NO PRESCRIBING AREAS e.g.: COLWYN BAY

THE WAY FORWARD



NHS MODERNI SATI ON AGENCY FRAMEWORK

NTA "OPENING DOORS"

IMPROVES EFFICIENCY

USING EXISTING RESOURCES





NHS TRUST CAIS SOCIAL SERVICES LOCAL AUTHORITY PROBATION POLICE GPs & LHBs COMMUNITY PHARMACY

NACRO P2WORK HOUSING EDUCATION Duke OF Edinburgh DAWN MANY OTHERS

WE HAVE

PROPOSALS

TO INTEGRATE

HEALTH, SOCIAL CARE

CRIMINAL JUSTICE SERVICES

ONE STOP SHOP

(HECTOR'S HOUSE)

QUICK ACCESS

HOLISTIC ASSESSMENT

OPTIMUM DOSE TREATMENT

DAILY, SUPERVISED, ADMINISTRATION OF ORAL MEDICATION

EFFECTIVE DOSE TITRATION

COMMUNITY DETOXIFICATION

INTERGRATED SOCIAL CARE

WHY CHANGE ?

IMPROVE SERVICE EFFICIENCY

MODERNISE SERVICE PROVISION

IMPROVE RISK MANAGEMENT

HAVE SOUND EVIDENCE BASE

SERVICE USERS / CARERS

IDENTIFIED POINT OF ACCESS

OUICK ACCESS TO SERVICE

6 DAYS A WEEK

SEEN EVERY DAY

OTHER DEVELOPMENTS

SUPPLEMENTARY PRESCRIBING
PGDs - PSDs,
HEP B VACCINATIONS
P C TESTING
GENERAL HEALTH CARE - DENTAL CARE
INCREASED CARE CO-ORDINATION
IMPLEMENT CPA - UNIFIED ASSESSMENT







LETS NOT GET

DISTRACTED

BY BINGE DRINKING

25% - 30%

HOSPITAL ADMISSIONS

RELATED TO ALCOHOL



COMPARED TO OTHER HEALTH AND SOCIAL CARE PROVISION

OVERLY BEAUROCRATIC

LACK OF BASIC KNOWLEDGE ON TREATMENT ISSUES

POST CODE SERVICES

THE EXPERT KNOWLEDGE

IS WITH

SERVICE PROVIDERS

MORE USE OF

REGIONAL ADVI SORS

SET REGIONAL TARGETS

COMMISSION REGIONAL SERVICES

REPORT TO REGIONAL OFFICE

AN EXAMPLE:

MIDWIFERY SERVICE

6 INVOICES AND PROGRESS REPORTS QUARTERLY TO 6 SMATs

THERE IS A NEED FOR A REGIONAL OVERVIEW / REPORTING PROCESS

ON A POSITIVE NOTE

VE ARE GRATEFUL OR THE FUNDING MADE AVAILABLE,

SERVICES ARE IMPROVING

USERS WILL GET A BETTER SERVICE

BUT WE SHOULD NOT BE

COMPLACENT

