



Item No: 9

Meeting Date: Wednesday 29th January 2025

Glasgow City Integration Joint Board

Report By: Pat Togher, Chief Officer, Glasgow City HSCP

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Implementation of Alcohol and Drug Recovery Service (ADRS) Review and Medication Assisted Treatment (MAT Standards) – Shared Care Model

Purpose of Report:

The purpose of the report is to seek support from the IJB to implement a new model of Shared Care Model for Alcohol and Drug Recovery Service, aligned to Medication Assisted Treatment (MAT) Standard 7; to seek approval to progress the commissioning of a third sector partner to deliver on the new Shared Care model; and to seek approval to implement the staffing model for the Primary Care Facilitation support.

Background/Engagement:

This update follows an IJB paper from [September 2024](#) on Implementation of the Alcohol and Drug Recovery Service Review. In January 2021, Glasgow Alcohol and Drug Recovery Services commissioned an external review of service to consider the effectiveness of the service model. The review was published in November 2021, with 10 key recommendations. This paper relates to recommendation 3 – *the role of the primary care practitioners and the contractual arrangements by which they deliver services should be reviewed*.

This review recommendation was also considered alongside Medication Assisted Treatment Standard 7 – *all people have the option of MAT shared with Primary Care*.

The IJB were informed of the outcomes of a Review of the Shared Care model on [28th June 2023](#), which noted that a range of options for Shared Care had been considered and that a blended model of support was proposed.

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	However, work on progressing the model was paused following national discussions in relation to funding options. A Short Life Working Group re-grouped in 2024 to discuss the previously proposed model in the absence of additional funding. The paper outlines the new model of Shared Care Delivery proposed by the group. All work streams and developments have been discussed with lived experience reference groups and feedback incorporated into plans. Staff have populated both the implementation board and the work streams. The Voluntary Sector Drug and Alcohol Agencies are represented on the Implementation Board.
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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☒ Other ☒ Alcohol and Drug Partnership Not Applicable ☐
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Recommendations:	The Integration Joint Board is asked to: a) Approve the implementation of a new Shared Care Model; b) Approve the commissioning of a third sector partner to deliver the recovery aspect of the Shared Care Model; and c) Approve implementation of the staffing model for a Primary Care Facilitation Team.
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Relevance to Integration Joint Board Strategic Plan:

Implementation of MAT Standards is the responsibility of Glasgow City IJB and plays a significant role in relation to the health and wellbeing of the Glasgow population. The MAT standards are a rights-based approach and follow the principles of the Scottish Government Health & Social Care Standards: my support, my life, dignity and respect, compassion, inclusion and support to wellbeing
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Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome(s):	Outcomes 1, 3, 5, 7, 8, 9
Personnel:	Implementation of a new Shared Care Model will require workforce changes, and investment in third sector providers. Staffside and Council trade unions are involved in all discussions and are key members of the ADRS Review and MAT Standards Implementation Steering Group.
Carers:	Families, carers and people with living and lived experience are fully involved in the implementation of the ADRS Review and MAT Standards.
Provider Organisations:	Third sector partners are represented on the ADRS Review and MAT Standards Implementation Steering Group and the Alcohol and Drug Partnership.
Equalities:	The implementation of a new Shared Care model will require an EQIA and will be published as per guidance.
Fairer Scotland Compliance:	None
Financial:	Implementation of a new Shared Care model and Primary Care Facilitation support can only be achieved with investment and additional staffing. This paper seeks approval to commission a third sector partner with a cost of £2million over five years, and staffing model at a cost of £220,000, which will be met within existing Alcohol and Drug Recovery service budget, supplemented by the recurring element of National Mission funding allocation.
Legal:	This report informs the implementation of MAT Standard 7. Glasgow City Council's Legal and Audit departments provide the support required to ensure that procurement activity is compliant with procurement legislation and the Council Standing Orders.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Detailed risk implications are included in the Implementation Plan developed by the Planning and

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	Implementation Group of the MAT Standards and ADRS Review Implementation Steering Group.
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Implications for Glasgow City Council:	The Council will wish to be assured that the implementation of the MAT Standard 7 is progressing to meet the requirements of the Scottish government.
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Implications for NHS Greater Glasgow & Clyde:	NHS GG&C will wish to be assured that the implementation of the MAT Standard 7 is progressing to meet the requirements of the Scottish government.
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☐
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☒
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

- 1.1 The purpose of the report is to seek support from the IJB to implement a new model of Shared Care Model for Alcohol and Drug Recovery Service (ADRS), aligned to Medication Assisted Treatment (MAT) Standard 7; to seek approval to progress the commissioning of a third sector partner to deliver on the new Shared Care model; and to seek approval to implement the staffing model for the Primary Care Facilitation support.

2. Background

- 2.1 A paper on the implementation of the Alcohol and Drug Recovery Service Review was presented to the IJB in [September 2024](#), with approval granted to implement Phase 1 of the staffing and skill mix model. The paper noted work undertaken to review the Shared Care model of delivering treatment and care to patients in Primary Care and outlined that a full proposal would be presented to a future Integration Joint Board.
- 2.2 The Drugs Death Task Force (DDTF) was formed in 2019 to tackle the rising number of drug deaths in Scotland. The Medication Assisted Treatment (MAT) Standard subgroup was formed as part of the DDTF work. It published 10 MAT Standards in 2021. MAT Standard 7 states that all people should have the option of MAT shared with Primary Care.
- 2.3 Medication Assisted Treatment (MAT) is one of the most effective interventions to support people to reduce their use of street drugs and the harms they are suffering. MAT is the use of prescribed medication, delivered with psychological and social support to reduce drug harms and the risk of drug death, and promote recovery.

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- 2.4 Joint working between health and social care, and between primary care and specialist drug treatment services is a key feature of effective treatment partnerships. There is an aging population of people who use drugs, many with co-morbid underlying health conditions, who would benefit from MAT delivery in primary care, where their wider health and care needs could be met.
- 2.5 GP enhanced services are primary medical services other than essential services. GPs have the option to offer these services to their community of patients. Glasgow Alcohol and Drug Recovery Service (GADRS) work in partnership with GPs to provide an Enhanced Service Shared Care approach to the safe and effective delivery of MAT as part of a recovery orientated system of care (ROSC).
- 2.6 Glasgow City currently has 139 GP practices. Approximately 84 (60%) of these currently provide an ADRS Shared Care enhanced service to approximately 1,000 patients. This number is at the lowest to date, and there is an aspiration to significantly increase the number of patients and GP practices during the term of the contract.
- 2.7 Within the current shared care model, delivered through the Shared Care National Enhanced Service (NES) Contract, GP practices and their patients are supported by ADRS social care staff. Whilst the model has historically seen a social care worker linked to each practice, with a physical presence during routine clinics, it is recognised that current practice varies across Glasgow City. Where there has been capacity for ADRS social care staff to return to this clinic model following the pandemic, and for the practices to accommodate them, ADRS staff consult in person with all patients at least monthly and liaise with an available GP regarding prescription changes or complexity during the clinic. GPs are expected to manage the prescribing and conduct regular medical reviews.
- 2.8 There are a number of practices that are currently unsupported and others that have already withdrawn from the Shared Care NES due to lack of support. A new model should ensure equitable support to all shared care GPs and all people engaged in the service.
- 2.9 In 2023, a collaborative piece of work between GADRS, Primary Care and partners was initiated as a workstream of the MAT Standards Implementation Board, to review shared care services in Glasgow City.

3. Shared Care Review

- 3.1 The review group included representatives from Glasgow City Shared Care GPs, social care workers, ADRS staff, people with lived/living experience of alcohol and/or drug use, third sector recovery partners including representatives of families affected by substance use, local authority trade unions and HR. The review group also consulted more widely via two focus groups, with one targeted at all shared care GPs and another open to HSCP staff and partners.

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- 3.2 A detailed options paper was considered by the review group in March 2023, setting out a range of different models and their strengths and limitations. A revised version was developed and shared with stakeholders taking part in the consultation that included four options:
- Option 1 – Maintain the current shared care model.
 - Option 2 – Shared care patients receiving treatment via primary care and supported by third sector recovery workers.
 - Option 3 - Shared care patients receiving treatment via primary care and supported by third sector recovery workers, with GPs supported by a centralised primary care facilitation team.
 - Option 4 - MAT delivered solely by GPs, supported by a centralised primary care facilitation team, based on the Lothian model highlighted by Scottish Government as an effective means of engaging people in primary care.
- 3.3 Lived and living experience feedback was clear about the need to ensure that a new model should be trauma informed and focused on recovery, with clear and timeous pathways into specialist treatment and care where required.
- 3.4 Having reviewed the options in line with consultation outcomes, the review group concluded that:
- Option 1 was not viable as the model could not be scaled sufficiently to offer access for all people wishing treatment in primary care and would require greater time and resource to align delivery to the new MAT standards than was available.
 - Option 4 was unpalatable as it did not include any care management or key working support and would mean a withdrawal of addiction and recovery support to patients.
 - Having considered Options 2 & 3, the group recommended the blended model of Option 3 to include both third sector recovery and wellbeing support for patients, alongside a primary care facilitation team to offer guidance and advice to GPs.
- 3.5 Scottish Government funding had been anticipated to support implementation of MAT Standard 7, and the work of the review group was paused whilst national discussions took place. However, additional funding was not forthcoming and therefore a short life working group was re-convened in 2024 to progress implementation plans for the recommended model.
- 3.6 Learning from the Supported Treatment and Recovery Services (STARS) model of care and treatment provision has been included in the review. This model of treatment and care delivery is a joint partnership between ADRS and third sector, whereby ADRS maintain responsibility for prescribing and treatment and With You provide recovery and social wellbeing support to individuals.

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- 3.7 It has been recognised that the level of support required for Shared Care will however be more intensive than the STARS model, as some patients who have more complex needs and higher risk of harms may choose to remain within primary care. The additionality of dedicated support to GPs from ADRS medical and prescribing staff is therefore critical to a new model.

4. Proposed Shared Care Model

- 4.1 A third sector team would deliver community recovery support to individuals prescribed MAT within primary care who typically have low to medium support needs, as part of the enhanced shared care service. People with high support needs and greater levels of risk would normally be supported by specialist drug treatment services at GADRS. The third sector team will support all shared care patients to meet their wider recovery needs and contribute to the ongoing development of recovery-oriented systems of care in Glasgow.
- 4.2 The third sector team should be person-centred and trauma-informed, keeping people safe and free from harm. They will use strength-based assessments and activities, taking account of people's recovery capital. They will use integrated interventions and link with services that are responsive to a person's needs and beliefs and promote asset and capacity building. They will be inclusive of family and significant others and be connected to the local community. They will support people holistically, considering individualised needs such as health and wellbeing, housing, finance, employability, and education support.
- 4.3 The proposed model offers more equitable support to all. The third sector team will support all shared care practices and will be accessible, accountable and have effective lines of communication with GPs. This offers an opportunity to engage and retain more people in treatment with a robust model of care. Increased engagement and retention in MAT could help address overall health and wellbeing of people and families whilst reducing drug related harms and deaths in communities.
- 4.4 Having developed a service specification for the above model, it is proposed that the HSCP progress with the commissioning of a third sector partner with a tender value of £1.2 million over three years (£400,000 per annum). The tender would cover the period from 1st April 2025 to 31st March 2028, with the option to extend for a further 2 x 12-month period subject to budget availability. Total budget required is £2.0 million over 5 years. The contract would be awarded to one supplier to cover the Glasgow City geographical area. Funding is available within ADRS core budget and has been included in financial plans for ADRS since 2023.
- 4.5 A Primary Care Facilitation Team (PCFT) will support Shared Care GPs to manage people prescribed MAT. The team will:
- Audit, monitor, report and review practice within Primary Care
 - Facilitate pathways from and to Shared Care

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- Support workforce development in Primary Care including regular educational events
 - Provide governance support to promote safe and evidence-based practice
- 4.6 The PCFT is an important development to support the implementation of the new Shared Care model and MAT Standard 7, as well as promoting continuous quality improvement in Shared Care. The PCFT will be managed and governed by Glasgow ADRS.
- 4.7 The proposed staffing model for the Primary Care Facilitation Team is:
- 0.7 WTE Senior Medical Officer
 - 0.5 Pharmacy Independent Prescriber
 - 1 WTE Data Analyst
- 4.8 The total additional cost of £220,000 per annum will be met within existing Alcohol and Drug Recovery service budget, supplemented by the recurring element of National Mission funding allocation.
- 4.9 Social care staff working within the current Shared Care model will be relocated to another part of the core ADRS service. Early discussion has taken place with affected staff and Trade Unions. The realignment of staff to the ADRS treatment and care service will support the implementation of Phase 2 of the staffing and skill mix outlined in the report presented to IJB on 25th September 2024. Staff and Trade Unions will be consulted on approved proposals.

5. Recommendations

- 5.1 The Integration Joint Board is asked to:
- a) Support the implementation of a new Shared Care Model;
 - b) Approve the commissioning of a third sector partner to deliver the recovery aspect of the Shared Care Model; and
 - c) Approve implementation of the staffing model for the Primary Care Facilitation Team.

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Direction from the Glasgow City Integration Joint Board

1	Reference number	290125-9
2	Report Title	Implementation of ADRS Review and MAT Standards – Shared Care Model
3	Date direction issued by Integration Joint Board	29 January 2025
4	Date from which direction takes effect	29 January 2025
5	Direction to:	NHS Greater Glasgow and Clyde only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Alcohol and Drug Recovery Services, Primary Care
8	Full text of direction	NHS Greater Glasgow and Clyde Health Board are directed to support the implementation of a new Shared Care Model. NHS Greater Glasgow and Clyde Health Board are directed to undertake the commissioning of a third sector partner to deliver the recovery aspect of the Shared Care Model and implementation of the staffing model for a Primary Care Facilitation Team.
9	Budget allocated by Integration Joint Board to carry out direction	The total amount required to commission a third sector organisation to deliver the Shared Care model is £2,000,000 over a five-year period. This will be met by existing Alcohol and Drugs Recovery Service core budget funding; The total amount required to implement a Primary Care Facilitation team is £220,000. This will be met by existing Alcohol and Drugs Recovery Service core budget funding and recurring National Mission uplift allocation.
10	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	Date direction will be reviewed	January 2026