

Improving attendance at drug and alcohol support groups for forensic inpatient and discharged service users

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Project team: SUSS team and service users

Project sponsor: John Wilson , Associate Director,
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Background

- To improve access to drug and alcohol support groups run by the SUSS team for current and ex forensic service users
- Service users reported that they preferred to attend groups on their unescorted leave of their own volition in non-stigmatising community environments.
- Project aim was to set up groups in the community

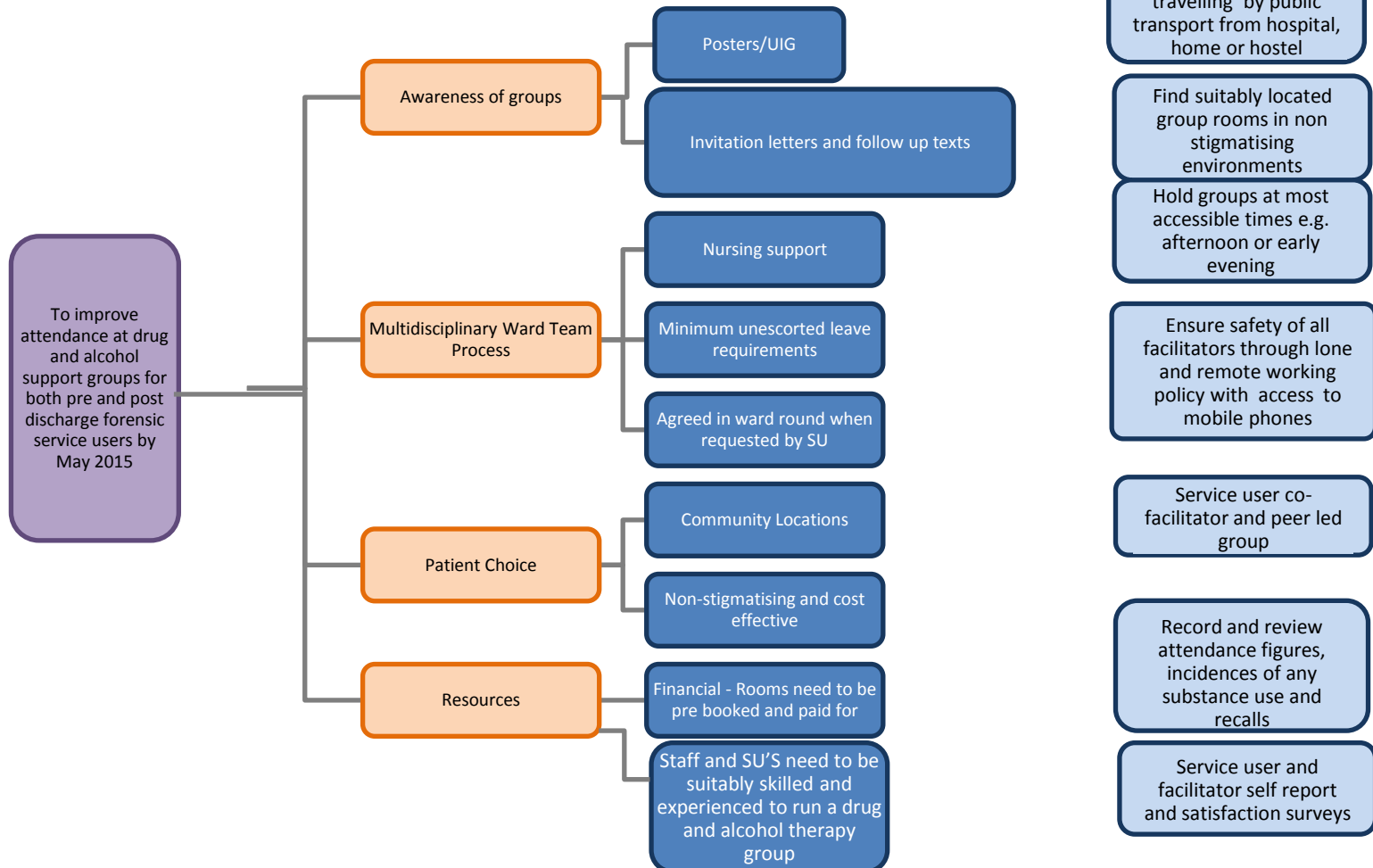
Driver diagram

AIM

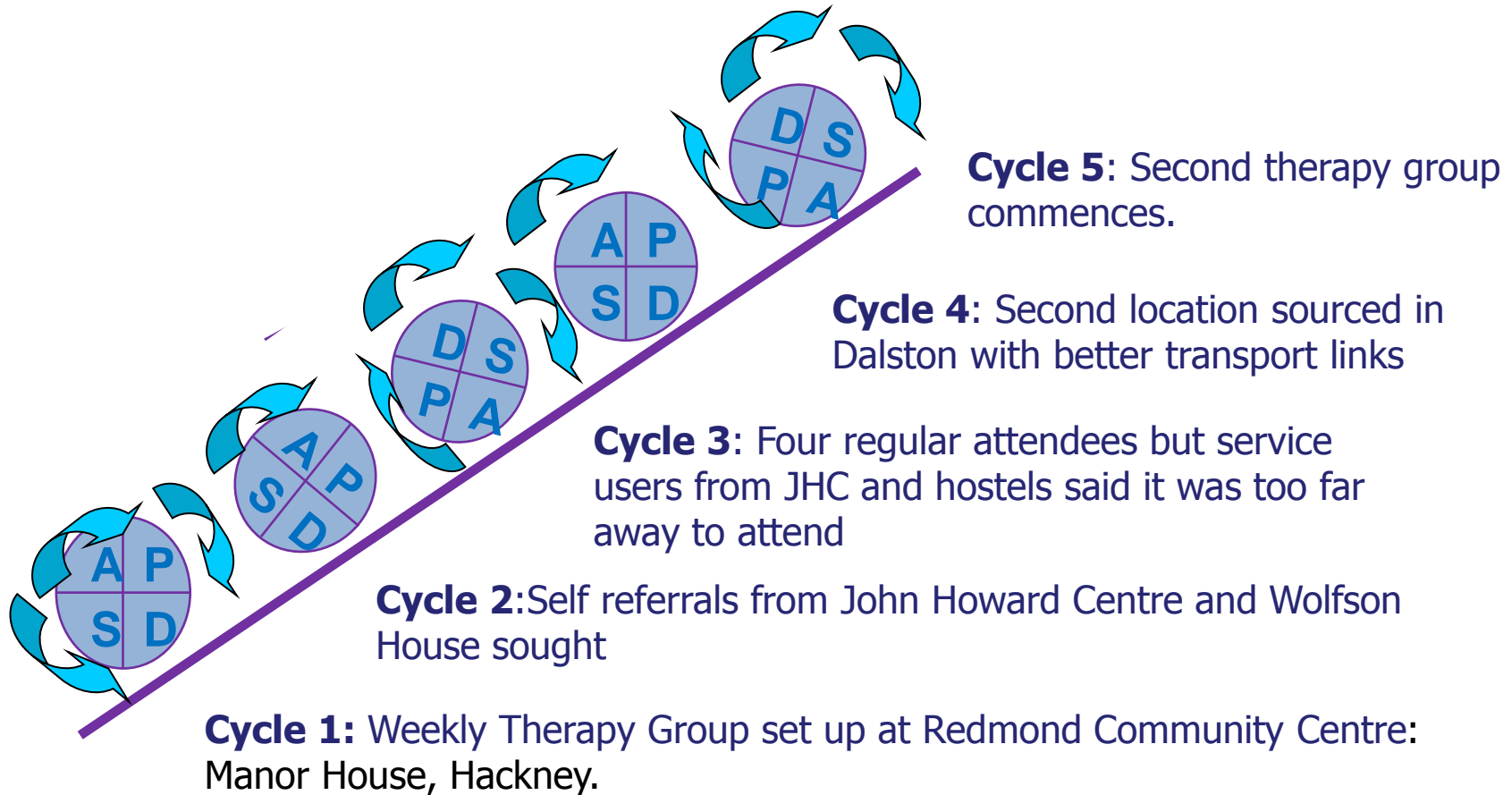
PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE IDEAS



Sequence of PDSA's – for one change idea or secondary driver



Data

- First community group has four regular attendees each week, two of whom have been discharged and continue to attend. No recalls back to hospital (yet). Range 3-5
- Second community group has mean of 5 regular attendees each week, two who have been discharged and three who are approaching discharge. Range of attendance is between 2 and 7 service users, attendance sometimes impacted by loss of leave due to substance use.

Learning and what next?

- Very difficult interface between NHS and non-NHS social enterprises, especially around finance. Purchase orders not being put on invoices, having to post invoices, and often to the wrong address, and invoices still not being paid is an ongoing saga.
- For a period of time this was made considerably easier when we or suppliers could email invoices directly.
- SBS and procurement don't seem to understand the culture of renting rooms for therapy and so ignore or don't know how to trace invoices.
- Social enterprises struggle to understand the complex invoicing process and so don't get paid leading to threat of loss of rooms to use and withholding of their services = bad PR for the Trust
- Considerable time costs in terms of travel to get to the groups for staff facilitators, made more helpful by having a car. Would be considerably less viable if all facilitators had to travel by public transport.

What next?

- All attendees report valuing the group and the more relaxed and non judgemental therapeutic space. Both groups have a self-referred waiting list for when service users have sufficient unescorted leave (minimum two hours).
- Service users often lose their unescorted leave if they use or are tempted to use drugs and so therefore cannot attend the groups
- Considerable ongoing work is being undertaken with MDT's in negotiating attendance at the groups as 'therapeutic leave" even if they have used drugs.
- Nursing staff in particular have been very supportive of this project
- A third group is needed for services users from NELFT and beyond. Currently looking at potential locations in Ilford, Barking and Dagenham
- Text and phone call reminders helpful and we have even done MI by phone and text. Many service users however are unsure about how to use mobiles, especially smart phones. This would be a useful next piece of work or even a QI project!