

Commissioning Directorate

Tel: 020 75253792

Fax: 020 75250450

160 Tooley Street

London SE1 2TZ

www.southwarkpct.nhs.uk

26th August 2010

Cllr Neil Coyle and Cllr David Noakes
c/o Shelley Burke
Head of Overview and Scrutiny
Communities, Law & Governance Department
PO Box 64529
London SE1 5LX

Dear Cllrs Coyle and Noakes

Re: Restructuring Drug and Alcohol Treatment Services in Southwark

I write in response to your letter of 4 August 2010 requesting further information and clarity regarding the consultation processes for the restructuring of drug and alcohol treatment services. I appreciate that members of the committee continue to have concerns about both practical questions surrounding the service and the robustness of the decision-making process regarding the restructure and I hope the answers I have set out below address these concerns fully.

GP support

Training to enable GPs to provide effective treatment to patients is provided – Royal College of General Practitioners (Level 1). We currently have 23 GPs trained covering 49 practices and we are planning to provide support to other practices through the development of polysystem hubs. Further training for a cohort of GP's to undertake RCPG level 1 is to take place this month.

The PCT and its partner agencies such as SLAM and Blenheim Community Drug Project (BCDP) have ongoing contact with GP practices across the borough. For example, BCDP provide specialist psycho-social and other support to surgeries and SLAM provides specialist support on alcohol-related problems.

This type of contact will, in itself, enhance a GP's capacity to manage clients with substance misuse problems. It is particularly attractive to those GPs who have very small substance misuse caseloads and therefore would not see specialist training as a priority. However, specialist training continues to be available and the PCT and its partners continue to encourage surgeries to undertake this.

It should also be noted that anecdotal evidence from within and outside the borough indicates that some GPs manage clients with substance misuse problems without recourse to specialist training or specialist services. For example, some people with substance misuse problems are reluctant to attend specialist services through fear of stigmatisation.

The PCT has encountered GPs who are reluctant to manage clients with substance misuse problems and this is addressed in a number of ways including peer interventions. Where these are not successful, practices are requested to clearly signpost substance misuse clients to other practices that are willing to see them. We have experienced no resistance to this latter strategy.

Satellite clinics

It should also be noted that SLAM substance misuse services have been providing satellite clinics in venues such as hostels long before the current proposal was mooted. These clinics are staffed by existing substance misuse workers therefore additional training is not required.

Progress on identifying the numbers of patients who will require treatment in the south of the Borough, together with possible venues for delivering this treatment, has begun. Re-assessments and reviews of the care plans of those patients with complex needs are being undertaken by the clinical teams within SLAM.

In terms of the location of future satellite clinics, a number of factors will be taken into consideration. Central to this is the history of community opposition to the establishment of new drug and alcohol services. In consequence, venues are likely to be premises that are already used to provide similar services. These would include:

- GP surgeries
- Community drug services (e.g. the Kappa Project on Old Kent Road)
- Probation offices
- Hostels

Furthermore, once the precise configuration of the proposed Integrated Offender Management Service is established, there may be capacity to provide a number of satellite clinics at Marina House.

Self referral

Clients self referring to SLAM services will continue to be assessed and given any treatment that is immediately necessary.

As part of our strategy to increase the number of people entering into and remaining in drug treatment, we have recently reviewed the model of service access, including direct access self-referral. Self referral is likely to remain in place at all services staffed by workers from a range of treatment providers

This will not have an impact on the number of satellite clinics that will be provided.

Consultation process

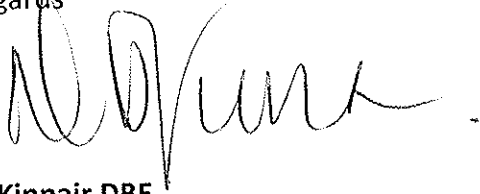
SLAM services see a number of clients whose drug use has led to their becoming disabled. For example, a number of clients are now amputees as a consequence of injecting in their groin and legs. That being the case, the needs of people with disabilities have always been integral to any service planning and, in consequence, are not addressed as a separate issue.

Additionally, it is the experience of SLAM services that people with disabilities – and particularly those with mobility issues – are often best served in satellite and community services. This has been the practice in the past and it is felt to have been highly successful. The current proposals seek to build on these practices, not undermine them.

The refurbished Blackfriars Road site will be full DDA compliant with enhanced provision for patients

I hope the above responses address the concerns of the sub-committee and I hope that we are now able to move forward with fully implementing these changes which we believe will improve services for people with drug and alcohol dependency.

Kind regards

A handwritten signature in black ink, appearing to read 'Donna Kinnair', written in a cursive style.

Donna Kinnair DBE
Director of Commissioning and Nursing

Copy to: Cllr Dora Dixon-Fyle, Cabinet Member for Health and Adult Social Care
Dr Jane Fryer, Medical Director, NHS Southwark Tessa Jowell MP
Sean Morgan, Director of Performance and Corporate Affairs, NHS Southwark
Susanna White, Chief Executive, NHS Southwark
Tom White, Southwark Pensioners Action Group