

Introduction

The Ramp pilot project was a joint initiative between Worcestershire Community Drugs Team and Turning Point, Worcestershire Druglink. Conceived in 2007 and agreed by Worcestershire SMAT it was run as a pilot programme at Worcester Druglink's Harm Reduction Service at 6a Shaw Street from 06/04/08 to 05/04/09.

Purpose

The purpose of the pilot was to show that providing rapid access to substitute prescribing for homeless heroin users in Worcester city with active psychosocial support could have a significant impact in terms of engaging and retaining this traditionally hard to reach group.

Vision

The pilot was specifically targeted at difficult to engage Service Users and/or those who have not traditionally accessed the prescribing service possibly because of the perceived inflexibility of that service. The specific cohort of Service Users targeted were those that are "rough sleepers" and/or "homeless" including those who may have had previous prescribed treatment episodes that have not been successful.

It is acknowledged that this group are at particularly high risk of infection in terms of their injecting behaviour and their health both physical and mental is likely to be significantly poorer than the general population (Health Protection Agency 2007) and (National treatment Agency 2008).

What were RAMP's objectives?

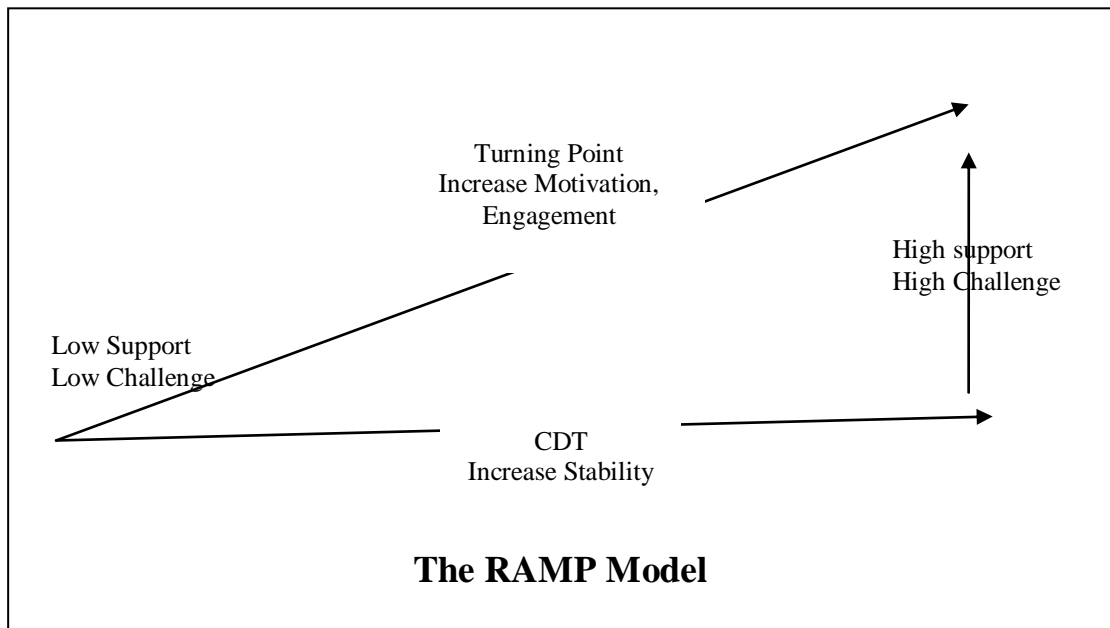
The pilot was set the target of engaging 60 homeless service users into substitute prescribing in the year 2008/09, for which the evidence-base shows that this enables:

- A significant reduction in street drug use
- A significant reduction in harmful behaviours particularly injecting
- A significant reduction in acquisitive crime
- Social reintegration [particularly housing but also employment and training]
- Long-term recovery and exit from services

How it worked?

The Ramp Model

The model was based on the Francesca Inskipp model incorporating levels of support and challenge. The rationale behind the RAMP model is to prepare and support service users to move from a Low Support/Low Challenge environment (Tier 2) into a High support/High Challenge environment (Tier3).



Turning Point

At first point of contact Turning Point tier 2 workers assessed and risk screened all service users to the service. At the point of identifying eligibility to RAMP they referred through to the Nurse Prescriber, continuing to engage on a low level basis encouraging reduction in harmful behaviour and practises. Once commencement of prescribing was started Turning Point workers actively encouraged engagement with all appropriate services and supported access to those services. Close working with Worcester City Homeless services helped in the success of this with an outreach worker attending St Pauls Hostel and Maggs Day Centre on a regular basis. Closer working with the staff at these two establishments gave them an understanding of the service and enabled a quick and easy referral to be made. Contact with IV Heroin users on an outreach basis enabled assessments to be completed at the service allowing access to RAMP. During the winter Night Assessment Centre at Maggs Day Centre extra funding from Worcester SMAT allowed for 10 hours per week to be allocated to tier 2

staff to respond to referrals from staff at Maggs and allowed for staff attendance at regular NAC meetings.

The completion of the comprehensive assessments has been problematic at times with appointments being DNA'd by service users being the biggest barrier, having an impact on the planned transfer times through to Worcester CDT. Although a new concept for Worcester Druglink to be recording any more than the basic contact detail at a Tier 2 service the contact sheets have helped to monitor the progress of those on RAMP.

The prescribing was through supplementary prescribing, a partnership between the Consultant or Staff Grade, Nurse Prescriber and the Service User within an agreed Clinical Management Plan.

The Consultant and Nurse Prescriber have audited prescribing in RAMP including titration rates and doses; Rapid dose titration has been achieved for all service users accessing prescribed treatment. Those who have required optimal methadone dosing [60-120mls daily] have achieved that dose range within seven working days of commencing on prescribed treatment [20-30mls on day one]. Methadone doses have ranged from 20-100mls daily; six of the current 19 service users in prescribed treatment at 05/04/09 on methadone were maintained at doses of 50mls daily or less. The mean average dose of methadone for these 19 service users in treatment on 05/04/09 was 58ml daily with the lowest daily dose of 20ml and highest 100ml. We have one client on Buprenorphine at 12mg daily

The Nurse Prescriber provided two drop-in review clinics at Turning Point on a Wednesday and Friday. Those service users in the first twelve week cycle in RAMP were required to attend once a week, usually when service users went into the second cycle [also twelve weeks] they were then seen fortnightly. When service users were stable on prescribed medication at twelve weeks, end of first RAMP cycle and having provided at least three consecutive opiate negative drug screens they could be placed on daily collection of methadone from daily supervised consumption. Given the number of service users who were rough sleepers or in unstable accommodation a significant proportion remained on supervised consumption after twelve weeks in prescribed treatment, three out of the seven service users in their second RAMP cycle remain on supervised consumption.

Pharmacy

The relationships with the seven pharmacies involved during the year was universally good. They described excellent communication and information sharing, the pharmacy communication forms and the RAMP treatment contract [pharmacy had a copy of the individuals RAMP contract] assisted in this process. Julie McCann the PCT Pharmacy Professional Adviser has observed a good working partnership and been an important source of support to the Nurse Prescriber meeting together on a regular basis. RAMP is a standing agenda item at the Pharmacy Liaison Group meetings. We would like to acknowledge the excellent work and support of the pharmacies involved with RAMP but in particular Kitsons and Superdrug who had the majority of RAMP service users.

Partnership Working

Unlike the other localities within the county, having regular prescribing services within Worcester Druglink was a new concept. The regular contact between the staff and the nurse prescriber helped all involved respond to identified service user need very rapidly. With the tier 2 staff managing the drop in area whilst the nurse prescriber offered contact with the service user the partnership working on a ground level was positive from the start.

There were regular weekly RAMP meetings held between Worcester Druglink staff and the nurse prescriber. These gave an opportunity to discuss service users within the programme as well as potential referrals. It was also an opportunity to discuss the running of the programme identifying areas for improvement.

Regular RAMP meetings held with senior members of the Drug Service Partnership and SMAT representative helped steer the pilot giving an open forum to discuss progress throughout the year.

Outcomes

Service users engaged

Over the whole year that the pilot was running 67 individuals were assessed as appropriate for RAMP with 56 of those being referred and accepted into prescribed treatment with the Nurse Prescriber, with 6 being prescribed to more than once. (*Appendix 1*). Of the 9 not taken into prescribing, 3 of those were due to be taken into DIP, 2 had been discharged

recently from prescribing and were not yet eligible to return with 3 not attending an initial appointment with the nurse prescriber. The other decided not to continue with the referral.

Of those prescribed to in the year 20 were transferred to Worcester CDT secondary and primary care services for continuation of prescribing. 16 individuals dropped out, moved away or went to prison. As of 06/04/09 there were 20 individuals still prescribed to by Nurse Prescriber.

Of those who dropped out of RAMP 10 failed to engage with the programme leading to the prescription being stopped. 3 others went to prison and 3 were picked up by the Worcestershire DIP team after prescribing had started.

RAMP's aim was for prescribing to start within 10 days working days of assessment. It achieved this target with 31% of referrals with 55.5% of referrals being responded to within 17 working days. 80% all of referrals were prescribed to within 20 working days or less. Service user engagement, and missed appointments played a big part in those waiting to access a prescription of 25 working days or more. The most rapid response time from assessment to prescribing was 2 working days with 3 others prescribed within 3 working days. All of those waiting over 30 working days were needed to be reassessed due to non engagement with one service user taking 8 months before attending their first appointment with the nurse prescriber. Due to the nature of the programme, Turning Point Tier 2 workers were able to keep continual contact with this group encouraging them to attend and respond quickly when they requested re-referral.

BBV's interventions

Monthly visits to the Harm Reduction service at Worcester druglink by Hilary Orr, BBV Nurse Specialist allowed for Tier 2 workers to book appointments and actively follow up DNA's. During the pilot Worcester druglink adopted a policy of contacting service users by text on the morning of their BBV appointment as a reminder, greatly increasing attendance. Of the 56 actual individual service users accessing RAMP prescribing, 40 were tested for Blood Borne Viruses whilst in the programme.

With the adoption of a "nab and jab" approach for hepatitis B vaccination by qualified and suitably trained nursing staff at the Worcester CDT base [Turning Point office has yet to be

cleared for vaccinations] the Nurse Prescriber has been able to further improve the number of vaccinations. Nine vaccinations have been administered to RAMP clients by the Nurse Prescriber since the adoption of this policy on 01/03/2009.

TOPS

TOPS forms were completed on all service users at Triage assessment and then again at 12 weeks, and then every 12 weeks until transfer from RAMP to Worcester CDT specialist prescribing. Turning Point took responsibility for care coordination of all RAMP service users until transfer. They retain some care coordination of service users moving to secondary care, but transferred care coordination of all those moving into primary care.

For those completing a second TOPS Form data shows –

- ⇒ *84.3% of service user's reducing their illicit opiate using days, 10.5% remained the same with 5.2% increasing their illicit opiate using days.*
- ⇒ *70.7% reduced risky injecting behaviour, 11.7% increase and 17.6% continued with the same level of risky injecting behaviour.*
- ⇒ *Of those reporting alcohol use 40.1% decreased the amount of days they were drinking, 46.6% reported increased days of drinking with 13.3% remaining the same.*
- ⇒ *Of those admitting to criminal activity there was 71.5% report of reduced days of criminal activity, 28.5% report of increased days of criminal activity with none reporting the same levels. Those reporting increased activity only reported limited increases in the amount of days criminal activity took place.*
- ⇒ *84.2% reported increased psychological health, with 5.3% reporting reduced and 10.5% stayed the same. 68.5% reported increased physical health, 10.5% reporting reduced with 21% staying the same.. 58% reported an increase in their overall quality of life, 21% reduced and 21% stayed the same.*

For those remaining on the RAMP scheme to complete a third TOPS form data shows –

- ⇒ *55.6% reduction in illicit opiate using days, 22.2% stayed the same with 22.2% increasing.*
- ⇒ *42.8% reduction in alcohol use. 28.8% remained the same with 28.4% increase.*
- ⇒ *80% reduction in criminal activity, 20% reporting increased activity.*

**SR
interventions**

⇒ 75% reduction in risky injecting behaviour, 15% remained the same with 10% increasing risky injecting behaviour.

Due to the nature of the service user group engaged within the pilot a discharge TOPS completion for those dropping out of the scheme was problematic.

During the pilot 11 RAMP service users were housed into secure accommodation, 4 moved from rough sleeping to St Pauls Hostel and 4 saw significant improvements in their housing situation.

4 service users applied and were accepted into Worcester Technical College studying a Variety of courses with 2 other service users returning to work.

10 service users acquired Gym Passes through the social reintegration team and attended local gyms to improve their health. 3 services users attended the Experience 24 programme with all successfully completing the programme.

Surge Findings

Local service user group SURGE were involved with the implementation of the pilot from the beginning. To gauge service user's experience of RAMP they devised a brief questionnaire that they used in an interview. They asked 15%(10) of all those who were being prescribed six questions that were scored between 1 (poor) and 10 (excellent), plus two further questions. (*Appendix 2*)

The findings show that respondent gave an average score of 9.2 in how they felt the service responded to their need (Q1) and an average of 9 when asked how well the assessment and prescribing procedure worked together (Q6). When asked being given clear information and guidance about RAMP (Q2) service users rated an average of 8.7 and if they felt they were listened to and views taken into consideration during assessment (Q4) rated an average of 7.9.

When asked how supported they felt in accessing other services(Q3) an average rating of 7.5 was given. When asked whether they felt discriminated or judged in any part of their treatment (Q5) a variety of answers was given. 3 service users gave a straight answer of “no”, 4 gave a rating of 8 with 2 giving a rating of 1. In looking at the answers to question 5 it so wondered whether the question was answered correctly or not interpreted by service users correctly.

The two other questions asked were to try to elicit further information regarding individual services user’s personal experiences of RAMP.

Since engaging with RAMP are you more positive with your circumstances, future and the services on offer as a whole?

- Yes- full support, empathy and great advice/guidance.
- Positive with the help with my housing and my family
- Yes but housing is a problem and can make you feel depressed. I’m now after 12 weeks starting to feel more optimistic about the future
- Yes I do, I think things are improving
- Yes they have helped with everything, good to talk and listen.
- Yes, no matter what problems or issues I had/have I was not able to address any of them until I dealt with my drug use first, so I suppose without RAMP I would not of been able to have got stability in my life at all.
- Ramp was very quick for me
- I’m more confident about my drug use and feel more sure about reducing and feel soon I will be clean of opiates(hopefully once and for all)

If any, what improvements would you like to see with the RAMP service?

- None
- Health checks
- Give this service to other rural areas where there are still drug problems and no service. Paying for travel expenses
- Wider range of prescribing
- None really
- Given a choice of pharmacist – I was told which chemist it would be
- Bring Pete back (Julies still great though)

Key issues

The key elements to come out of the pilot is that rapid access to substitute prescribing allied to robust partnership working has proven to increase the engagement and reduce harm to the targeted service user group.

The pilot was able to adapt its service delivery responding to service user needs in a safe manner, one of these being the expansion of the amount of pharmacies being used within the scheme.

The pilot managed to hit its prescribing targets and show improvement within four of the five outlined areas, further work will need to be done on following up service users in the future to see the impact on their long term recovery and treatment exit outcomes.

The limitations of focusing the remit of the programme on one section of the treatment service population has led to some service users who may of benefitted from the programme being excluded. Any continuation or expansion of the service needs to take into consideration the possibility of expanding this remit.

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Thank you to all those who listened and all those who spoke up - without you we would never have got the proposal of the ground.

Thank you to the staff at Worcester Druglink for their support and extra hard work in making this pilot a success.