Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16

Consultation Questionnaire.

This questionnaire has been designed to help stakeholders respond to the above framework.

Written responses are welcome either using this questionnaire template or in an alternative format which best suits your comments.

Please respond to the consultation document by post or e-mail to

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Telephone 028 9250 1259

commissioningframeworkconsultation@hscni.net

YOUR RESPONSE MUST BE RECEIVED BY 11th April

(*Please the relevant tick boxes*)

I am responding: as an individual ☐

on behalf of an organisation ✔

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CONSULTATION QUESTIONS

1. Do you agree with the approach being proposed by the PHA/HSCB in the development of a Drug and Alcohol Commissioning Framework for Northern Ireland as outlined in section 3 of this document?

Yes

Comments:

We welcome the emphasis on alcohol in the consultation document and the recognition that alcohol related harms are steadily rising and that in the region of "£680 million is spent annually in Northern Ireland to address alcohol misuse, including costs to healthcare, policing, probation and prison services, social services and as a result of work absenteeism". Alcohol-related absenteeism alone is estimated to cost Northern Ireland in the region of £33m[1]. Historically drug misuse services have received more focus and consequently funding than alcohol misuse services. A greater emphasis on alcohol in this Commissioning Framework is important, given the prevalence of the problem, particularly when compared to drug misuse.[2]

We support the key principles of the framework, particularly the focus on evidence based practice, which we believe can have an impact on the principle of value for money and support the case for a harm reduction approach to alcohol misuse. We also support the focus on developing Integrated Care Pathways, which are key to improving the effectiveness and capacity of local alcohol treatment systems that meet an individual's needs.

Lundbeck welcome the reference in section 2.0.1 to "collaborative working across the public, private, community and voluntary sector" and "partnership working" in section 3.3.1. We look forward to the opportunity to work in partnership with the HSC and the third sector to support the development of the Integrated Care Pathway work, particularly in relation to alcohol harm reduction services. We have already used our extensive networks to connect people in NI to others across the UK, which has allowed for the sharing of best practice in the provision of alcohol harm reduction services.[3]

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1 HSC (2011), Health Intelligence Briefing, Alcohol use and alcohol related harm in Northern Ireland - April 2011

2 In England, alcohol dependence affects 4% of the population and over 10 million people drink over the recommended limits, compared to the 0.5% of people who use drugs.

3 Lundbeck's Ramsay Young put the Public Health Agency in contact with the Scottish Government's Alcohol Delivery Unit. This resulted in a representative from the Unit coming across to NI in November 2012 to present to the PHA on the Scottish Government's Screening and Brief Interventions Project. Ramsay has also facilitated networking between the Addictions Services teams within the Belfast and South HSC Trusts and Glasgow Health Board's Addiction Service (the largest addiction service in Europe).

7.0 SECTION ONE: CHILDREN, YOUNG PEOPLE AND FAMILIES

7.1 Education and Prevention

2. Do you agree with the commissioning priorities as laid out in this

section? Yes/No

Comments: No comment

3. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: No comment

4. Do you agree with the outcomes listed in this section

Yes/No

Comments: No comment.

7.9 Early Intervention and Treatment

<u>Early intervention</u>

5. Do you agree with the commissioning priorities as laid out in this

section? Yes/No

Comments: No comment

6. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: No comment.

7. Do you agree with the outcomes listed in this

section? Yes/No

Comments: No comment.

Young people's treatment services including CAMHS

8. Do you agree with the commissioning priorities as laid out in this

section? Yes/No

Comments: No comment.

9. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: No comment.

10. Do you agree with the outcomes listed in this

section? Yes/No

Comments: No comment.

7.21 Hidden Harm

Early Intervention

11. Do you agree with the commissioning priorities as laid out in this

section? Yes/No

Comments: No comment.

12. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: No comment.

13. Do you agree with the outcomes listed in this

section? Yes/No

Comments: No comment.

Treatment and Support

14. Do you agree with the commissioning priorities as laid out in this

section? Yes/No

Comments: No comment.

15. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: No comment.

16. Do you agree with the outcomes listed in this

section? Yes/No

Comments: No comment.

8 SECTION TWO: ADULTS AND GENERAL PUBLIC

8.1 Education and Prevention

17. Do you agree with the commissioning priorities as laid out in this

section? Yes

Comments: We support the commissioning priorities in this section, but want to highlight that consideration should be given to ensuring that these are integrated with preventative treatments designed to reduce alcohol harm.

We acknowledge that the aim of regulating the alcohol market through pricing / taxation and restricting supply is to tackle harmful and hazardous drinking and its associated harms. However, given the burden of alcohol dependence on individuals and society, we would urge the NI Executive (DHSSPS, DSD and DOJ) and the HSC to implement a range of measures to tackle excessive drinking and improve treatment services for alcohol dependence. A number of these measures, which we welcome, have been highlighted in NSD and this consultation document, such as delivering (both in a health and criminal justice setting) early identification and brief advice programmes to 10% of the population at risk of hazardous or harmful alcohol consumption in any one year.

8.3 Role and function of Community Support Service

18. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: We welcome the community-based approach to treating alcohol misuse, but we believe it is important that this is properly integrated with 'NHS' care, especially primary care.

19. Do you agree with the outcomes listed in this section?

Yes

Comments: We agree with these outcomes but it is important to ensure that there is an integrated approach to the provision of public health information and treatment services, particularly for mild to moderate alcohol dependents, if the relevant outcomes are to be achieved.

8.4 Early Intervention Services

20. Do you agree with the commissioning priorities as laid out in this section?

Yes

Comments: We welcome these commissioning priorities, particularly the focus on early identification; screening for alcohol is a vital tool of prevention and for supporting brief interventions.

We strongly support the proposal to increase screening for alcohol misuse and the number of brief interventions offered to people who are drinking harmfully, as recommended in the NICE public health guidance on preventing alcohol harm[4], by incentivising GPs and other healthcare professionals to take a more proactive approach to alcohol misuse. This can be achieved by including screening and brief interventions as indicators in the Quality and Outcomes Framework (QOF).

Specific indicators, such as numbers being screened for alcohol misuse and successful treatments completed, along with measurable outcomes need to be included in the Commissioning Framework. We would also suggest that information on the role of pharmacological treatments alongside psychological interventions in the relevant steps of the core care pathway is included and/or signposted.

Consideration should also be given to screening for alcohol misuse when undertaking interventions for conditions with a strong relationship with alcohol, such as dementia and smoking.

Given the cost of alcohol to both the health service and wider society, we recommend that a clear timetable for the early delivery of AUDITs and ABIs across Northern Ireland is included in the Commissioning Framework. A modest investment now in these services will potentially result in significant savings to the public purse in the medium to long-term.

[4] NICE, *NICE public health guidance 24: Alcohol-use disorders: preventing harmful drinking,* 2010

21. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: No comment.

22. Do you agree with the outcomes listed in this section?

Yes

Comments: We welcome these desired outcomes and feel they would benefit from being backed up by specific indicators and measurable outcomes.

8.11 Substance Misuse Liaison Services

23. Do you agree with the commissioning priorities as laid out in this section?

Yes

Comments: The levels of investment in alcohol and drugs substance misuse services should be proportionate to the level of need. As highlighted above and in the consultation document, given alcohol misuse represents a bigger problem for the health service and wider society when compared to drug misuse, we believe the principal focus should be on alcohol misuse.

24. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: No comment.

25. Do you agree with the outcomes listed in this

section?

Yes

Comments: We fully support the use of opportunistic 'brief interventions' for alcohol in substance misuse liaison services and also in Tier 1/2 settings including primary

care/pharmacy and hospital A&E departments.

8.20 Low Threshold Services

26. Do you agree with the commissioning priorities as laid out in this section?

Yes

Comments: No comment.

27. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: No comment.

28. Do you agree with the outcomes listed in this section?

Yes

Comments: No comment.

8.28 Community Based Treatment and Support

29. Do you agree with the commissioning priorities as laid out in this section?

Yes

Comments: We welcome the community-based approach to treating alcohol misuse but it is important that this is properly integrated with NHS care, particularly primary care. We agree that Community Addiction Services must be adequately resourced to meet the NICE target of 1 in 6 in treatments per year; equating to a 60% increase in the number of people with alcohol misuse in treatment. However, we would welcome clarification on a target date for achieving this increase.

30. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: We welcome the aim to provide care in accordance with a regional Integrated Care Pathway that reflects the 'stepped care approach'. This approach is key to improving the effectiveness and capacity of local alcohol treatment systems that meet an individual's needs.

We also support the harm reduction component of community addiction services and wish to draw your attention to the evidence in the British Liver Trust's report, *Reducing Alcohol Harm: recovery and informed choice for those with alcohol related health problems.*[5]

31. Do you agree with the outcomes listed in this section?

Yes

Comments: No comment.

8.41 Inpatient and Residential Rehabilitation Provision

32. Do you agree with the commissioning priorities as laid out in this

section? Yes/No

Comments: No comment.

[5] Published February 2012

33. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: No comment.

34. Do you agree with the outcomes listed in this

section? Yes/No

Comments: No comment.

SECTION THREE: CAPACITY

9.1 Service User and Family Involvement

36. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: No comment

37. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: No comment.

38. Do you agree with the outcomes listed in this section?

Yes/No

Comments: No comment

9.7 Workforce Development

The workforce development commissioning priorities are designed to ensure that those working in the field of alcohol and drugs as commissioned by PHS/HSCB are competent and confident to deliver all aspects of this work commensurate with their role and function.

39. Do you agree with the commissioning priorities as laid out in this

section? Yes

Comments: We welcome the workforce programme to support the implementation of the Commissioning Framework and in particular, as outlined in section 9.7.5, equipping “a wide number of non-specialist staff with the skills and knowledge to provide people with information about the potential impact of drug and alcohol use and offer brief advice, support and signposting where relevant”.

40. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: No comment

41. Do you agree with the outcomes listed in this section

Yes/No

Comments: No comment

42. Do you agree with the findings of the Equality, Good Relations and Human Rights Template that accompanied this document

Yes/No

Comments: No comment

43. Are there any priorities for commissioning that are not reflected in this framework?

Yes/No

Comments: No comment.

FURTHER COMMENTS

44. Please use the space below to inform us of any additional comments you wish to make in relation to the Drug and Alcohol commissioning framework.

Lundbeck is dedicated to becoming a world leader in the development of pharmaceuticals for psychiatric and neurological diseases. The company is unique in that it focuses entirely on finding new and effective therapies for central nervous system (CNS) disorders. This strategic focus allows Lundbeck to establish strong links with academics, clinicians and patient organisations with interests in CNS disorders, such as depression and anxiety, schizophrenia, Alzheimer's and Parkinson's disease and alcohol dependence.

The Lundbeck Foundation owns 70% of Lundbeck's shares. It was established in 1954 by the widow of the company's founder, Hans Lundbeck, and is one of the largest private contributors to natural science research. As a result, each year Lundbeck invests around 20% of its revenue in R&D and the development of new, innovative drugs - substantially above the industry average of about 15%.

Lundbeck looks forward to the opportunity to work in partnership with the HSC to support the development of policy and services for alcohol misuse and dependence.