

Models of Care for Alcohol Standards & Inspection

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NTA roles in developing Alcohol Treatment

- The National Treatment Agency (NTA) will draw up a "Models of Care framework" for alcohol treatment services, drawing on the alcohol element of the existing Models of Care framework.
- National Treatment Agency to develop guidance within the Models of Care to include integrated care pathways for: people in vulnerable circumstances, such as people with mental illness, rough sleepers, drug users; some young people and perpetrators and victims of domestic violence.
- NTA/Commission for Healthcare Audit and Inspection (CHAI) to monitor the quality of treatment services subject to the formulation of suitable criteria....

How

- Do the tasks.....Quickly
- With consensus: alcohol treatment specialists & mainstream health
- Without creating monsters
- Create a "line of least resistance": something providers can do and commissioners want to fund

NTA work

Key Stakeholder group to get consensus & champions

- Group will:
- Approve outputs
 - Build consensus
 - Lobby & influence mainstream NHS and CJ

NTA key outputs

- Published summary of evidence-base and cost-effectiveness of BI and treatment:
- New Models of Care for Alcohol with standards and ICPs
- Draft implementation strategy (3 to 5 years) with stakeholders

MOCA

- Consultation questionnaire :November 04
- Consultation events (Alcohol Concern & RCGP)
- Draft MOCA document end :December 04
- Draft evidence based review end: December 04
- Consultation on draft documents: Jan 05
- Final MOCA & Evidence base: Mar 05
- Draft implementation strategy: April 05

Models of Care for Alcohol

Developed by Working Group

Based on Models of Care 2002 and keeping:

- Four tiers
- Care planning
- Integrated care pathways
- Care co-ordination

Butit will

- Look like an NSF,
- Include standards in line with new NHS standards
- Shorter sleeker and better !!

Standards

- Mapped existing standards eg QuADS, DANOS across new NHS standards
- NHS standards cover 7 domains: safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment & amenities, public health
- Specific reference to developmental standard D2: conform to nationally agreed frameworks and guidance

Standard areas: draft

- Screening and minimal interventions for those identified mild alcohol misuse problems
- Referral to specialist alcohol services for those with moderate to severe alcohol misuse
- Equal access to assessment and treatment for all those with alcohol problems
- Assessment at appropriate levels to match need
- Treatment to match need for those with moderate to severe needs

Standard areas: draft

- Individualised care plans
- Treatment of drinkers with psychiatric co-morbidity
- Treatment for homeless alcohol misusers
- Support for those affected by another's alcohol misuse
- Managing alcohol services
- Commissioning alcohol treatment services

MOCA work that requires most development

- What treatment or intervention types/modalities
- ICPs
- Care planning and primary care
- How much Brief Intervention..... how much "treatment"
- Monitoring and performance management
- Young people (under 18)

Inspections work

- NTA and Healthcare Commission work (next year)
- Healthcare Commission involved in MOCA and standards & criteria
- Inspection and review model under development and consultation for other areas including drug treatment

Enabling a system: building critical mass

Alcohol Concern and NTA key role to play

- Getting keystones in place and building professional consensus

Work with others to enable:

- Identification of need, identification of existing local good practice;
- Grow alcohol treatment champions in mainstream health – NHS, Public Health, forthcoming NOMS
- Clinical guidelines for alcohol ? (DH/NICE/NTA ?)

NTA Not expecting

- Significant extra resources in near future or a Pooled Treatment Budget
- Anything sensible before election
- May get prioritisation if **prove** benefit to mainstream health and others