

MAT STANDARDS IMPLEMENTATION PLAN

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

Midlothian HSCP

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

Name	Position/Job Title
Nick Clater	Head of Adult Services, Midlothian HSCP

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

<p>The plan has been developed with a range of ADP partners.</p> <p>The governance of the plan is in line with the Minister's letter:</p> <ul style="list-style-type: none">• Midlothian HSCP and MELDAP will co-ordinate monthly meetings of a new MAT implementation Group, membership of which will include all partners with responsibility for delivery of actions. This group will review progress against the agreed actions and will ratify a quarterly report which will highlight risks to delivery. Operational strategic managers will report on the implementation plan to Head of Service and Chief Officer monthly.• This quarterly report will be presented to Midlothian HSCP Senior Management Team for comment and to address any risks to delivery.• The report will be passed to the two Chief Executives and Chair of the Midlothian Integrated Joint Board for agreement before being shared with the SG. <p>Timelines for each of the above will be established when the submission dates to the SG have been confirmed.</p>
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Ongoing experiential data gathering and widespread involvement of People with Lived Experience in the delivery of treatment and support, which includes their involvement in underpinning needs assessment work.

NB: This Plan is being submitted prior to submission and approval by the NHS Lothian Board, Midlothian Council Cabinet and Midlothian Integrated Joint Board. Key Chief Officers are listed below.

Name	Position	Delivery Partner	Date signed
Morag Barrow	Joint Director of Midlothian HSCP	Mid HSCP/MELDAP	Midlothian IJB Meeting - 13/10/22
Callum Campbell	Chief Executive NHS Lothian	NHS Lothian	NHS Lothian Board Meeting – 08/10/22
Dr Grace Vickers	Chief Executive Midlothian Council	Midlothian Council	Midlothian Council Cabinet – 18/10/22
Val de Souza	Chair Midlothian IJB	Midlothian IJB	Midlothian IJB Meeting – 13/10/22

Glossary of abbreviations:

Abbreviation	Description
Mid SUS	Midlothian Substance Use Service
MELDAP	Mid and East Lothian Alcohol and Drugs partnership
MidH&SCP	Midlothian Health and Social care Partnership
MIST	MAT standards Implementation Support Team (Public Health Scotland)
ORT	Opiate Replacement Therapy
QI	Quality Improvement
RMN	Registered Mental Health Nurse
MELD	Midlothian and East Lothian Drugs
HIM	Health In Mind

Recovery Practitioners	MELD recovery workers
Peer	Peer workers

Appendices:

- Appendix 1: Key Delivery risks
- Appendix 2: Summary of recruitment plans:
- Appendix 3: Summary of developmental/ QI projects:
- Appendix 4: Lead Contacts of organisations involved in implementation

Background reading:

Evidence-based assessment of progress, MAT standards 1–5. April 2022, Edinburgh

[Supplementary information for the national benchmarking report on implementation of the Medication Assisted Treatment \(MAT\) standards. 2021/22](#) p357-375)

MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.	April 2022 RAG status: Amber. Implement changes agreed with MIST teams		
	<p>Summary of current performance: Local guidance allows for same day start of MAT, but there are several routes into treatment (Contact Service, Harm reduction Team, GP direct referral, No 11 services). As part of the current review we were able to identify current challenges this indicated variable waits and same day initiation of prescribing. This was staffing dependant.</p> <p>Summary action plan: Development of specific daily clinic time to offer same day assessment and treatment start. This will offer assessment and initiation five days a week to people presenting themselves, being referred by other agencies or attending with the support of outreach teams. It will offer treatment in community settings where this is required.</p>		(£000's/ year)	
		Clinical Nurse Lead X 2	£127	
		Recovery practitioners x 2	£80	
		Band 6 x 1.8	£97	
Actions/deliverables to implement standard 1		Lead	Timescales to complete	
Implement clinic offering same day access, open 5 days a week, supported by outreach				
Recruitment of staff to MidLothian Substance Use Service (MidSUS)				
Funding confirmation		MELDAP	April 2022	
First round of Advertisement		MidSUS	July 2022	
Second round of advertisement		MidSUS	August 2022	
Third round of advertisement		Mid SUS	September 2022	
Fourth round (if required)		Mid SUS	October 2022	
Expansion in voluntary sector partner's (MELD) capacity 2 wte				

Funding confirmation/ contracts in place	MELDAP	July 2022
First round of Advertisement (awaiting HSCP)	MELD	September 2022
Second round of advertisement (if needed)	MELD	December 2022
Test of Change		
Improve efficiency of Contact service – Standard operating procedure for same day access	MELD/MidSUS/HIM	October 2022
Standard operating procedures, improved pathways, including outreach support for those people who can't access	MidSUS/MELD/HIM	November 2022
Primary care in reach pathway, improve pathways to and from Primary care	Mid SUS	November 2022
QI charter agreed	MELDAP/ MIDH&SCP/ MIST	October 2022
Monitoring and oversight		
Monthly Meetings with Chief Officer and Head of Service	MidH&SCPMELDAP	October 2022
MAT 1 reporting submitted to SG/PHS	Mid HSCP/MELDAP	February 2023
Six month progress report	MidH&SCP/ MELDAP	June 2023
Justice Services		
Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement	MELDAP and various local partners alongside MIST	April 2023
Ensure, treatment can be initiated in HMP Edinburgh and that all people returning to the Midlothian community from any prison have continuity of care, this is managed through our current No 11 Allocation meeting	Mid SUS and Midlothian Justice	Complete and On going

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	April 2022. RAG status: Amber The key development in this area is to demonstrate and provide evidence of person centred informed medication choice. Establishment of Buvidal clinic.
	<p>Summary of Current position/ planned actions</p> <p>Most components of this standard are already in place; there is no time limited care and there are choice in relation to dose and medications.</p> <p>The key development in this area is roll out of Buvidal (a novel, injected medication formulation with significant advantages). This is currently offered to a proportion of patients in secondary care, mostly people who have recently entered treatment. The standard requires it to be offered to all of those entering treatment but also conversion to it should be systematically offered to the existing patients.</p> <p>The NHS and MELDAP have developed an agreed pathway for people to start on/ convert to Buvidal. The key new things required to implement it are</p> <ol style="list-style-type: none"> 1) capacity to dispense the drug in secondary care (nursing time) and 2) dispensing arrangements in community pharmacy (via a new contract) – this is currently being piloted in 3 pharmacies (Lead by REAS) <p>As with MAT 1, the next milestone is the development of a clinic response, in this case requiring recruitment of two band 7 nurses, prescribing. We have been successful in recruitment of both posts .Other costs associated with the roll out of Buvidal (medication costs, pharmacy charges) are not part of the ADP financial plan.</p>	

Actions/deliverables to implement standard 2	Lead	Timescales to complete
Improve access to Buvidal		
Recruitment to MidSUS team		
Funding confirmation	MELDAP	April 2022
First round of Advertisement	MidHSCP	August 2022
Second round of advertisement (if needed)	MidHSCP	September 2022
Clinic set up		
Development Service procedures, pathways	MidSUS	November 2022
Clinic open and taking existing Buvidal patients	MidSUS	November 2022
Establish arrangements for community pharmacy Dispensing		
Pilot sites in place	REAS	August 2022
Evaluation of Pharmacy Buvidal dispensing	REAS	December 2022
Systematically offer choice to existing patients in secondary care		
Plan for offering conversion for secondary care patients	Mid SUS	December 2022
Monitoring and oversight		
eAnnual MAT 2 reporting submitted to SG/ PHS	NHSL PH	February 2023
Mid SUS Information Pack		
To develop medication information sheet to be included in the Mid SUS information pack providing details on medication options, enhancing person centred choice	Mid SUS	December 22
Justice Services		
Ensure that those identified in Police custody or courts as needing treatment or those on DTTO have access to the full range of medications	MELDAP and various local partners alongside MIST	April 2023
Ensure that treatment options in HMP Edinburgh include all medications	MELDAP and various local partners alongside MIST	April 2023

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	RAG status: Amber Midlothian SUS Team MELD and HIM have established an agreed approach involving outreach nurse and peer worker who will reach out to people who are identified as being in crisis and at high risk of drug related death and harms and those who have experienced NFO. Subject to the outcomes of the performance monitoring exercise, the current work plus planned actions (including additional investment) will deliver the standard before April 2023.																					
	<p>Summary of present/ planned actions: Midlothian has an established network of teams who reach out to people who are identified as being in crisis and at high risk of drug related death. Subject to the outcomes of ongoing performance monitoring, it is anticipated that the current work plus planned actions (including additional investment) will deliver the standard before April 2023. Actions for this area focus on standardising practice, evidencing impact and stabilising and Maintaining funding.</p> <p>Summary action plan</p> <ul style="list-style-type: none"> • Secure capacity for outreach to those in crisis • Ensure that Assertive outreach is linked to the arrangements for rapid access to treatment (MAT 1) • Systematise and standardise approaches to decision making, practice, risk management and reporting evidence 	<p>Summary budget: Several of the key elements of the current provision have been developed using current and New ADP funding and it has been agreed to commit revenue to these.</p> <table border="1" data-bbox="929 644 1957 916"> <tr> <th colspan="2">Current non-recurring investments (to be extended)</th><th>£000's pa</th></tr> <tr> <td colspan="2">Harm Reduction Team</td><td>£3</td></tr> <tr> <td colspan="2">A&E navigators</td><td>£7</td></tr> <tr> <td colspan="2">Drug liaison nursing contribution</td><td>£3</td></tr> <tr> <td colspan="2">Proposed new development:</td><td></td></tr> <tr> <td colspan="2">Additional outreach – out of hours provision</td><td>£24</td></tr> <tr> <td colspan="2">NFO peer support worker</td><td>£25</td></tr> </table>	Current non-recurring investments (to be extended)		£000's pa	Harm Reduction Team		£3	A&E navigators		£7	Drug liaison nursing contribution		£3	Proposed new development:			Additional outreach – out of hours provision		£24	NFO peer support worker		£25
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	<ul style="list-style-type: none">• Diversify the skill mix of those doing outreach• Ensure integration with other systems (vulnerable adults, MH, Justice etc) and between elements of our own system		
Actions/deliverables to implement standard 3		Lead	Timescales to complete
Standardising practice and ensuring governance:			
Implementation of core group to agree Standardise and share operating procedures: assessment, risk assessment and decision-making paperwork for each of the teams.		Mid SUS/MELD/HIM	October 2022
Establish NFO working group to make recommendation on practice including development of related performance metrics		MELDAP/ Mid SUS/MELD/HIM	August - September 2022
Expanding capacity and securing funding			
Recruit nursing and third sector staff		MidHSCP/MELD/HIM	December 2022
Develop package of support including Naloxone, IEP, mobile phone (with key contact numbers) for people including those experiencing NFO who do not want to engage with treatment services –harm reduction		MidSUS/MELD/HIM/MELDAP	December 2022
Reaching high risk individuals in specific environments:			
Establish standard joint working and training offer with homeless and hostel teams to support MAT 3 delivery in these settings		Mid SUS/MELD/HIM	December 2022
Develop as TOC the use of Low Threshold Café's in areas of high DRD/NFO to engage with people at high risk of harm		MidSUS/MELD/HIM	January 2023
Develop and implement clear joint protocols (rapid response) for disengagement		MidSUS/MELD/HIM	December 2022
Continue No 11 allocation meeting for Peoples Prison liberation		MidSUS/Justice	Complete and ongoing

Continue Alcohol court as required (co-dependency)	MidSUS/Justice	Complete and ongoing
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MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	RAG status: Amber: most interventions are available in most settings and it is anticipated that the current work plus planned actions will deliver the standard before April 2023	
	Current and planned actions: This standard is partially implemented (amber) because it is not clear that the core interventions (naloxone, injection equipment, blood-borne virus testing) are consistently available at the same time as all MAT appointments. However, most interventions are available in the setting and it is anticipated that the current work plus planned actions will deliver the standard before April 2023. Note that the assessment of this standard does not include primary care settings.		
Actions/deliverables to implement standard 4		Lead	Timescales to complete
BBV testing			
Survey to identify the proportion of staff trained (nursing and voluntary sec)		MidSUS/BBV Team	January 2023
Action plan for to bring it towards 100%		MidSUS/BBV Team	January 2023
Audit of case notes		MidSUS/BBV Team	March 2023
Assessment of injecting risk			
Survey to identify the proportion of staff who have completed injecting training (nursing and vol sec)		SDF/MidSUS	January 2023
Action plan for each team to bring it towards 100%		MidSUS/ SDF	January 2023
Audit of case notes		MidSUS	March 2023
Injecting equipment provision			
Ensure that if possible that all rooms in which ORT is offered by specialist services have equipment in		MidSUS	February 2023

Naloxone and overdose awareness training		
Increase range of settings and groups provided with training	MidSUS/MELD/HIM	March 2023
Wound care training		
Survey to identify the proportion of staff who have completed injecting training (nursing and vol sec)	MidSUS	March 2023
Action plan for each team to bring it towards 100%	MidSUS	March 2023
Audit of case notes	MidSUS	March 2023
Justice Service		
Include DTTO in all MAT 4 developments alongside other community treatment services	MELDAP/ CEC/ REAS	March 2023
Ensure that the elements of MAT 4 that can be delivered in a prison environment are delivered in HMP Edinburgh	MELDAP/ REAS	March 2023

MAT Standard 5, & 7 and Treatment target:	All people will receive support to remain in treatment for as long as requested and will have the option of MAT shared with Primary Care; increase by 9% the numbers on Opiate Replacement Treatment by April 2024	RAG status: Amber MidSUS caseloads are high, 370. The test of change in reach into GP practices will enhance and enable a continuum step model to allow a person to move up and down the continuum from Voluntary/peer support to secondary care this enabling a person to receive support by the right person at the right time and remain in treatment for as long as requested. Midlothian SUS/MELD/HIM will work to engage a 9% increase of individuals into treatment, average of additional 35 individuals in treatment by April 2024.
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	<p>Summary of present/ planned actions</p> <p>There are no limits on the time that people can remain in care but there is a finite capacity for treatment. The clinical and voluntary sector workforce in specialist services is smaller than required to deliver care to the current patient group. It is further depleted by recruitment challenges, staff absence and reliance on temporary posts.</p> <p>MAT 5 requires systems of care to “have pathways in place or models of support that are flexible and offer different care packages that [range from low [to high] intensity” and to ensure that people are able to move easily between these models of care according to need. It is not clear that the current system of care is able to achieve this.</p> <p>Within current resource constraints (funding, premises, available workforce) and models, meeting the existing pressures.</p>	
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	<p>In December 2021 the MELDAP made an application to MIST (the MAT standards Implementation Support Team) describing a plan with the following intended outcomes</p> <ul style="list-style-type: none"> • Reducing practitioner caseloads • Developing Low intensity care in community settings - demonstrating models of high volume care/ increased safe, MAT compliant throughput from secondary care to increase the number of people who can be treated). • Maximising use of primary care <p>The implementation plan for this work consists of</p> <ul style="list-style-type: none"> • recruitment (summarised in appendix 1) and • Commitments to Quality Improvement projects (summarised in appendix 2. <p>This plan has been agreed between</p>	
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	<ul style="list-style-type: none"> • MELDAP • key delivery partners Midlothian HSCP, third sector (Meld) • The organisations who will support the change (NHSL Public Health, MIST, REAS PCFT). 		
Actions/deliverables to implement standard 5, 7 and Treatment Target		Lead	Timescales to complete
Expand and diversify workforce in locality teams			
Recruitment in MidSUS			
Funding confirmation		MELDAP	August 2022
First round of Advertisement		Mid SUS	August 2022
Second round of advertisement (if needed)		Mid SUS	September 2022
Expansion in voluntary sector partner's (MELD) capacity			
Funding confirmation/ contracts in place		MELDAP	August 2022
First round of Advertisement		MELD	October 2022
Second round of advertisement (if needed)		MELD	December 2022
Develop new models of care through tests of change			
Alcohol Pathway improvement (to increase efficiency and patient experience co-dependency, releasing capacity)		Mid SUS/MELD/HIM	March 2023
QI charters/ baseline measures		MidSUS, MELD and HIM with support from NHSL PH and MIST	November 2022

MAT Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.		
<p>Completed and planned actions are noted below Note that standards 6 - 10 were not formally evaluated in March 2022. However, planning and implementation for MAT 6 in the Lothian's are understood to be well developed by national standards.</p>				
Actions/deliverables to implement standard 6			Lead	Timescales to complete
Establish required MAT 6 strategic leadership/steering group with appropriate membership and function			NHSL Clinical Psychology	Complete
Develop an overall MAT 6 delivery plan for Mid HSCP			NHSL Clinical Psychology	Complete
Develop service specific delivery plans for all Mid HSCP services (including a framework for evidencing and reporting implementation progress)			NHSL Clinical Psychology	December 2022

<p>To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6. This includes:</p> <ul style="list-style-type: none"> a) Staff survey b) Service user survey 	NHSL Clinical Psychology	<ul style="list-style-type: none"> a) Complete b) December 2022
Initiate ongoing process of service development/ improvement to ensure the service culture and environment is psychologically-informed	NHSL Clinical Psychology	March 2023
Develop a workforce development plan clearly outlining MAT 6 training and supervision requirements and plans for delivery.	NHSL Clinical Psychology	Complete
Make available training, coaching and supervision for staff in key evidence-based MAT 6 psychosocial interventions	NHSL Clinical Psychology	Complete
Make available regular reflective practice space for staff working across all service areas	NHSL Clinical Psychology	December 2022
Ensure appropriate staff have psychosocial interventions delivery, with protected time to deliver (and attending coaching/supervision)	NHSL Clinical Psychology	December 2022
Develop resources (tools, manuals etc) to support staff to deliver MAT 6 psychosocial interventions	NHSL Clinical Psychology	December 2022
Establish a collaborative MAT 6 care planning process which has the service users' views at the centre.	NHSL Clinical Psychology	December 2022

MAT Standard 7	All people have the option of MAT shared with Primary Care.	RAG status: AMBER	
Please see above (MAT 5 plan): Improvement in ensuring the maximum appropriate use of primary care through <ul style="list-style-type: none">improving communication between primary care, secondary care, and non-stat addiction agencies.improving primary care confidence in shared care treatment and/ or by supporting pathway changes which encourage smooth transfer of patient care to primary care and appropriate referral from primary to secondary care.			
Primary care: Maximising the appropriate pathways to and from primary care		Lead	Timescales to complete
Recruitment of RMNs		MidSUS	March 2023
Develop and implement clear pathways and joint partnership working to enable a person to have the right support at the right time in the right place		MidSUS, MELD HIM, Primary care and Mid HSCP	March 2023
QI charters/ baseline measures		MidSUS with support from Mist	November 2022
Improved throughput, case management and role delineation			
QI charters/ baseline measures		MidHSCP and MIST	November 2022

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.	RAG status: AMBER	
Actions/deliverables to implement standard 8		Lead	Timescales to complete
Continue provision of Independent Advocacy through CAPS		MELDAP	Complete
Continue support from Welfare rights		Mid HSCP	Complete
Continue Support from Shelter – Housing		MidHSCP	Complete
Publish leaflet detailing MAT rights and the organisations who will advocate and support patients to receive them		MELDAP	February 2023
Undertake development with treatment teams to ensure that pathways to these services are understood by all frontline practitioners		MELDAP	March 2023
Continue provide support for families (through VOCAL)		MELDAP	Complete
Justice Services			
Include DTTO in all MAT 8 developments alongside other community treatment services		MELDAP/CEC/REAS	March 2023
Ensure that the MAT 8 standards that can be delivered in a prison environment are delivered in HMP Edinburgh		MELDAP/REAS	March 2023

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	RAG status: GREEN People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.	
No 11 integrated building where SUS and MH services are colocated and working partnership with shared care pathways and Lead agency protocol The local system of secondary care has strengths in this notably integration between the vol sec, social work and clinical teams; and shared locality management of MH and drug and alcohol teams.			Complete - July 2022

MAT Standard 10: All people receive trauma informed care.		
<p>Completed and planned actions are noted below</p> <p>Note that standards 6 - 10 were not formally evaluated in March 2022.</p> <p>However, planning and implementation for MAT 6 in the Lothians are understood to be well developed by national standards.</p>		
Actions/deliverables to implement standard 10	Lead	Timescales to complete
Establish required MAT 6 strategic leadership/steering group with appropriate membership and function	NHSL Clinical Psychology	Complete
Develop an overall MAT 10 delivery plan for MELDAP	NHSL Clinical Psychology	Complete
<p>To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6 & 10. This includes:</p> <ul style="list-style-type: none"> a) Staff survey b) Service user survey c) Trauma Walkthroughs <p>(Of Note Midlothian was a pilot site for SG Trauma informed practice, No 11 is a specifically designed trauma informed building/workforce)</p>	NHSL Clinical Psychology	<ul style="list-style-type: none"> a) Complete b) December 2022 c) March 2023
Initiate a process of continuous quality improvement underpinned by the principles of trauma informed care	NHSL Clinical Psychology	March 2023
Initiate a process where service users are continually asked for their views on service delivery and areas for improvement (in line with TIC)	NHSL Clinical Psychology	March 2023
Offer appropriate training supervision for all staff to work safely and effectively with trauma	NHSL Clinical Psychology	Complete

Develop a wellbeing planning tool and activities (e.g. staff mindfulness groups) to support staff health and wellbeing	NHSL Clinical Psychology	March 2023
Appropriate screening tools to be identified for use routinely (as appropriate) so that trauma is recognised	NHSL Clinical Psychology	March 2023

Appendix 1: Key Delivery risks

Implementation, Performance management and governance

Implementing the plan requires rapid decision-making and sufficient management capacity to change services quickly. Mitigations for this risk will include strong management support and direct oversight by senior managers, incorporated into the monthly managers meetings.

Workforce expansion and development:

The key professional groups needed to deliver the expansion plan are Mental Health Nurses, Prescribers (medical and non-medical) and recovery practitioners and Peer support workers and peer development peer workers. Mitigations for this risk might include engagement with wider workforce development processes within partner organisations, if recruitment poses challenges.

Premises and facilities

Challenges created by the current premises include:

- Insufficient office space for expanding staff and insufficient delivery space for patient numbers – limited room capacity restricts how flexible services can be (essential for our patient group).

Resources and capacity:

Although the recently allocated £303k is a welcome expansion (and, as noted above, probably as large an increase in capacity as could be implemented immediately), it is not clear that this will be sufficient to relieve current pressures and meet increased expectations. Mitigation will require ongoing monitoring of progress and pressures.

Reporting and data gathering:

A system of quarterly reporting has been put in place. It requires evidence of continuous improvement toward MAT standards 1-5 and towards the target of increasing numbers of people in ORT. Mitigation would include investment in systems improvement and/ or admin attached to teams on a non-recurring basis. Potential addition of a data analyst within MELDAP to support

Inaccurate predictions of demand: the plan represents a significant lowering of the threshold for entering treatment. This is exactly the intended effect and is very necessary. However, there is the risk that improving access will result in greater numbers coming forward than can be safely treated. Conversely, the additional capacity may not result in additional presentations (risking inefficient use of resources and less public health impact). These risks have been mitigated by planning and will be carefully monitored, with additional measures to engage patients if needed.

Appendix 2: Summary of recruitment plans:

Permanent additional recruitment:

Professional group	Number to be recruited	MAT Standard
Expanding capacity:		
B7 Clinical Nurse Leads NMP	2	1, 2 ,4 Including treatment target
Band 6 RMN	1	1,4, ,7
Band 6 RMN 0.8	1	1, 3 , 4
Recover practitioners MELD	2	1,3, 4

All of the core posts are to be advertised through a single recruitment process (in each organisation) by october2022, re advertised as needed in December 2022.

Additional non-recurring funding for staffing or other uses is available within the MELDAP budget. All partners, particularly Mid H&SCP are able to have requests for this funding considered where it would achieve MAT standards.

Appendix 3: Summary of developmental/ QI projects:

All of these are to be delivered alongside the expansion of staffing numbers

Key developmental projects:	Lead operational team(s) delivering	Lead QI support
Same day access	Mid SUS MELD HIM	MIST
Primary care in reach	Mid SUS	
Implementation of the Buvidal pathway	Mid SUS	MIST
Increasing capacity		
<ul style="list-style-type: none"> Improving links Primary care (resulting in greater use of available capacity) 	Mid SUS	Mist
<ul style="list-style-type: none"> More effective alcohol pathway for co-dependency (leading to efficiencies, improved patient experience and higher throughput) 	Mid SUS MELD HIM	MIST
<ul style="list-style-type: none"> Improved throughput, case management and role delineation 	Mid SUS MELD HIN	MIST
Improving access to physical healthcare for patients of people	All Teams	MIST

Appendix 4: Lead Contacts of organisations involved in implementation:

Organisation	Contact
MELDAP	Martin Bonnar <Mbonnar@eastlothian.gov.uk
Head Service	Nick Clater <nick.clater@midlothian.gov.uk>
Service manager	Karen Darroch <karen.darroch@nhslothian.scot.nhs.uk>
MIST	Dave Taylor <david.taylor28@nhs.scot>
NHSL PH	James Shanley <James.Shanley@nhslothian.scot.nhs.uk>;
REAS (HRT)	Jim Sherval <Jim.Sherval@nhslothian.scot.nhs.uk>;
REAS (PCFT)	Judith Craven <Judith.Craven@nhslothian.scot.nhs.uk>; David Ewart <David.Ewart@nhslothian.scot.nhs.uk>
MELD	"Dave Gasparini" <davegasparini@meld-drugs.org.uk>
Clinical Psychology	Peter Littlewood ,peter.littlewood@nhslothian.scot.nhs.uk>