Minutes of Midland Region Meeting - Opioid Substitution Network

10.00am, 08 May 2014, Best Western Hygate, Ulster St, Hamilton

Present: Andy Warford, Dr David Chaplow, Silvana Azevedo, Vivienne Parker, Sally Whitelaw, Sue Mackersey, Lesley Watkins (BOP), Anthea Williams, Belinda, Sue Hughes, Kim Merrett, Lisa George, Raewyn Crow, Eva Walker, Kate Ridder, Sumita Sumita, Cenji Ai (Waikato), Peter Doorbar (Taranaki), Sue Coleman, Sarah Barkley (Lakes DHB)

Apologies: **David Benton, Linda Gibson, Alastair McLean**

No.	Topic	Discussion Points	Planned Action	By
1.0	**Whakatau / Welcome**	▪ Welcome given by Dr David Chaplow		
1.1	**Apologies**	▪ David Benton		
1.2	**Background to the Clinical Network**	▪ Talked about the new MOH Guidelines booklet		
2.0	**AGENDA ITEMS**			
2.1	**Draft Terms of Reference**	▪ The terms of reference were discussed ▪ Chairperson has been shared by Dr Sue Mackersey and Dr David Chaplow. ▪ Key objectives of this meeting have been networking, consistency of practice, information sharing, best practice, peer support, new trends, hot issues and latest trends. ▪ Function of the group is information sharing. ▪ Values that will sit behind this group is to improve service delivery, people centred practice, excellence. ▪ Members will be anyone who provides OST services. ▪ Key relationships include those within our own DHBs and within MOH. There is a gap in consumer representation. ▪ There may be merit in meeting three times a year but at least twice a year. ▪ There is no video conferencing facilities but not necessary at present as face-to-face contact is useful. Overnight accommodation can be provided to those travelling from Taranaki and Tairawhiti? A larger room next time would be beneficial. ▪ There is funding for another day similar to today.		

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2.2	**Issues in OST Service Provision**	**Presentation given by Dr David Chaplow – 'Reflections on Opioid Treatment Services and MMT'** ▪ Please refer to embedded presentation and commentary  Presentation Reflections on Opioid  Presentation lecture Reflections on OTS M Presentation Commentary		
2.3	**The New OST Guidelines**	**Christchurch OST** ▪ Please refer to embedded presentation  Presentation for ChCh.pdf		
2.4	**Changes with S24**	**Ministry of Health** ▪ Please refer to embedded presentation  MoH update for Midlands OST forum.p ▪ Training programme will be available online ▪ Booklet on Suboxone will be available ▪ Guidelines is a 'living' document		
2.5	**Workshop / Discussion**	▪ For future sessions like today, it would be great to have open spaces where breakout sessions are provided for active participation to talk through hands on issues. In this way, sessions can be mixed and balanced with information delivery from keynote speakers, combined with workshop discussion. ▪ Good to be aware of what's happening in other areas so there isn't doubling up of similar meetings that attendees go to. ▪ Good to make a forum like today accessible and for local area ▪ It is relatively inexpensive to bring speakers from Australia who are high quality and learned in their field. ▪ When talking about recovery focus, the allocation of staff and what they do. The scope of practice needs to be looked at. Should counsellors be determining levels of dosage instead of concentrating on their core focus which is psycho-social. In Hamilton, for example, there is a real mixture of	▪ Book bigger venue for next meeting	

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		skills - nurses, counsellors, social workers; they all seem to be doing the same job/function. OST and Addictions team is the same, all in one. Hamilton is currently down on staff (17 people). ▪ OST is very admin heavy in comparison with Addiction Services ▪ Raine Berry talked about a different model in Nelson where there is an admin person who deals with prescriptions and all admin related processes. ▪ When FTEs are funded, DHBs will fund at a certain level, there is always a component that funds management and/or admin. ▪ In Taranaki there have been a lot of staff leave, including the Doctor (who before he left he taught OST staff the scripting programme). In this way, it is good to be able to swap around roles and be multi skilled. ▪ David Chaplow suggested that we are all Generalists who individually have our own specific skills. In every case there needs to be assessment. There is always a period of assessment at the end of which there must always be a management plan. Who is going to do what?! We need in our teams some specialists amongst the generalists. One of the things that was noted was the case load was reportedly very high. In actual fact, 80% of clients want to just 'stay put' and sit tight and not move. We all need to learn to work smart, all staff have different training. Important to target the people we can focus on to make the biggest difference. There is such a thing as rehabilitation fatigue – where people are tired of being 'recovered; and are quite happy to just be left alone for a year. ▪ Raine Berry talked about a case mix load, based on a rating by quadrant. Spreads difficult and easy cases to more fairly distribute clients. ▪ Gender specific groups have been run well. When they are mixed there is often drop off. ▪ Take-aways have been a commonly used tool. How does this fit with recovery and safety? Would like some 'across the board' consistency. There seems to be quite a lot of variance in practice between different regions. Hamilton based OST devised a set of service policies to provide clear guidelines. Each policy has a rationale. Hamilton OST would be happy to present their work in a similar forum in future. However, different regions have differences ie. Where Raine Berry is based the pharmacy is not open in the weekends so all their clients get take-aways. Nice to have uniformity but not always possible. ▪ Raine Berry suggested that being overly risk averse can create issues. ▪ Discussion around use of cannabis and the fact that it is a criminal activity. Many clients use cannabis. Would be useful to have a discussion around decriminalisation.		

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		▪ Driving while high is certainly an issue. Driving tests can be arranged to measure impairment while on a methadone programme, especially is clients relapse. Conducted by OTs but can be arranged through AA. TB tests can also be used. Do we just let the Police do their job and catch them. We do however have a responsibility to take reasonable steps of care around clients' ability to drive.		
3.0	**Meeting Concluded**	▪ **3pm**		
3.1	**Next Meeting**	▪ **05 September, 10.00am, Hamilton Airport Conference Centre, Hamilton**	**Please confirm your attendance for catering purposes**	