

Service User Frequently Asked Questions

Changes to Drug and Alcohol Services

1. What female only provision will there be in the Recovery Service and in the Harm Minimisation service?
Both the Harm Minimisation and the Recovery Service are intending to deliver female specific work. This is likely to include one to ones and groups. Times and venues for these will be made available as soon as possible.
2. We have worries around not having a female worker?
Each of the services will have a staff mix of male and female workers. Concerns around having a female worker can be discussed and facilitated at your LASAR appointment. Service users can choose to have a male or female worker at the time of their assessment. If you are concerned please speak to your LASARs worker.
3. Will we still have access to the following?
 1. IDVA – The access routes to this service will not change; the new providers will be given the contact details of these agencies in order to develop a working relationship;
 2. General Nurse – Access to a general nurse for your usual healthcare needs will continue to be available at your GP Practice and you can make an appointment to see them at your GP Practice as usual. If you are receiving treatment for your drug and alcohol addiction from a drug treatment clinic or Recovery Service you will still go to your GP for your usual healthcare needs.
 3. Addictions Nurse - There will be addictions nurses in both the Oxford Health Harm Minimisation Service and the Lifeline Recovery Service.
 4. Rape Crisis; 1-1 sessions covering all manner of sexual abuse and issues resulting from sex working – The access routes to this service will not change; the new providers will be given the contact details of these agencies in order to develop a working relationship.
5. Who will provide our prescribing if we choose ‘recovery’ and we live in areas where there is no Shared Care GP or no Drug Treatment Clinic?
Prescribing for the Recovery Service will be carried out by the Recovery Service team of dedicated nurses and doctors. This will be provided at the Recovery Service hubs across the county, including but not limited to, the Old Music Hall on Cowley Road, Marlborough House in Witney and Banbury Health Centre in Banbury, and travel will be facilitated as appropriate.
If you would like to have your prescribing for the Recovery Service from your GP, if your GP is willing to work with the Recovery Service, the Recovery Service will facilitate this.
6. Who will provide our prescribing if we choose the Harm Minimisation Service and we live in areas where there is no Shared Care GP or no Drug Treatment Clinic?
As is the case now, not all GP’s provide drug treatment. Prescribing treatment for those who choose the Harm Min service will be with a shared care GP practice; where a patient is registered with one or prescribing treatment will be provided from one of Oxford Health’s drug treatment clinics which will be county wide and travel will be facilitated as appropriate.

7. Who will prescribe for us if we go to recovery and we live in an area where there is a SCGP and/or DTC?
Prescribing for the Recovery Service will be carried out by the Recovery Service team of dedicated nurses and doctors. This will be provided at the Recovery Service hubs across the county and travel will be facilitated as appropriate.
If you would like to have your prescribing for the Recovery Service from your GP, if your GP is willing to work with the Recovery Service, the Recovery Service will facilitate this.
8. If I live in a smaller market town, and I have no service in my home area, where will I need to go to access the Recovery Services?
Recovery Services are to be delivered from hubs in Banbury, Witney and Oxford City; with services developing in other areas over the coming months, times and venues will be made available in the next few weeks. Travel will be facilitated as appropriate.
9. What will I have on offer to me if I am on a low, medium or high Intensity DRR?
The same services will be on offer to everyone, whether they are on a DRR or not, which will include one to ones and groups. You will still go through the same process of having a LASARS assessment to decide whether you want to access the Harm Minimisation Service or the Recovery Service, and the selected service will provide your treatment thereafter. Your Probation worker will work with you to ensure that the assessment takes place at the right time.
10. What counseling provision will there be?
The Recovery Service will meet the your needs and provide the necessary support to enable you to achieve recovery.
11. What will happen to me if I am in counseling and I am not finished before April 2nd?
Please speak to your counsellor about your exit plan.
12. What help will there be for childcare so I can attend the Recovery Service or preparation for recovery groups etc in the Harm Min service?
As is the case now, clients will be expected to make the use of child care facilities that are available in the community, and your worker will help you to facilitate this if required.
13. What help will there be for travel fares from smaller county areas?
It is anticipated that this will not change from the current system.
14. Will a SU be able to meet with a recovery staff member before they chose to move to recovery to see what they could potentially have access to, if they were to make the move to recovery?
The LASARS service and the Recovery Service will be located in the same building in Oxford, Witney and Banbury and therefore if a service user is assessed at these locations then it is likely that they will be able to meet with the Recovery Service as part of the assessment process. If a service user receives an assessment elsewhere but wants to meet the recovery service first, they should let the LASARS worker know, who would then be able to facilitate this as appropriate.
15. What services exactly will be provided by Harm Minimisation (more in depth than the current list)?
The Harm Minimisation service will be providing services across Oxfordshire 6 days a week. The service will provide drop in's across Oxfordshire, brief interventions, outreach, family and carers

work, volunteer opportunities, support to GP's delivering OST as part of shared care, drug treatment clinics, motivational groups, access to wrap around services including housing and employment. More detailed information will become available shortly.

If there is anything further you need to know, please be specific.

16. What services exactly will be provided by the Recovery Service (more in depth than the current list)?

The Recovery Service will provide a range of group work programmes as well as medical services and one to ones. They will offer a 12 step and a CBT group option. This will be complemented by one to one provision and a range of wrap around services to support people to achieve and maintain recovery. The Recovery Service will open 5 -7 days a week, in evenings and breakfast clubs. More detailed information will become available shortly.

If there is anything further you need to know, please be specific.

17. How are you involving Oxfordshire service users/OUT in the planning, implementation of these new services to ensure they work for Oxfordshire residents and are not based upon what you provide already?

Service users have been involved in the development of the new system and are represented on the implementation project board. The new service providers now have a period of implementation where they will be planning where and when to deliver their services and involving service users in this. For the Recovery Service this will involve service users who have accessed the programmes in other areas coming to do focus groups and outreach with current service users in Oxfordshire, so you can hear about the programmes first hand. Lifeline want to build the new service based on what local service users want.

18. When will we know if our GP is to continue to prescribe to us (excluding less than ten GP's)?

GP's do not have to provide opiate substitution therapy as part of their core contract. If a patients's GP continues to be part of Shared Care for Opiate Substitution Therapy, patients can continue receiving treatment from them. As soon as practices have confirmed they wish to deliver shared care then services will be informed. LASARS will go through all options with service users. However, patients may choose to work towards abstinence and access their prescribing from the Recovery Service.

19. If my structured treatment is with SMART at present, I am getting weekly 1:1 sessions, will there be a break in these while the Recovery Service starts, or will I receive my next weekly session as usual?

Everybody will be assessed for their needs. Once they have been assessed and chosen the service they want to access, the service will develop a care plan with the service user to identify what will meet their needs. The services will work hard to ensure that disruption is minimal.

20. What hours will the enhanced NX service be open and where will it run from?

The current expectation is that the enhanced needle exchange will run from the Rectory Centre, Rectory Road, Cowley, 6 days a week; exact hours of access will be confirmed, with services running from April 2012. This will continue to offer enhanced services including pick and mix and BBV advice and support. Provision of enhanced needle exchange in the county will be implemented according to need.

Standard needle exchange may also be available from Banbury as it is currently, of course there are also many pharmacies offering needle exchange across the county.

21. What services will there be for families and carers?
All services are currently developing these and from the 2nd April, it is anticipated that current group provision will continue as appropriate.
22. What outreach services will there be?
Outreach will be street based and in particular delivered in in pubs, clubs, and at festivals.
23. What services for sex workers will there be?
This is to be confirmed.
Oxford Health Harm Minimisation Service is to include an outreach service for sex workers.
24. What provision will there be in the future for service users to receive help to get links into the following, bar mutual aid groups;
1. Employment
 2. Building social circles
 3. Peer networks
 4. Education
 5. Mentoring
 6. On going support when things crop up
 7. Other things we would normally stay having, such as 1:1 support after our detox was finished
- Everything in the list will either be provided or access to them facilitated by the Recovery Service, or Harm Minimisation Service where appropriate. The Recovery Service will provide ongoing support to people following detoxification.
25. Mentoring – when will this be provided to service users, where will mentors come from? When, will a new scheme be set up and who will run it?
Mentoring and/or volunteering provision is being explored by both services and we will be able to tell you more in the coming weeks.
26. What will happen if I am on meds my GP feels he/she cannot prescribe? Who will I see in place of the specialist service at Rectory Road?
All patients will be reviewed. A specialist consultant service will be commissioned to meet the needs of those who cannot be seen elsewhere. More information will be provided as soon as the providing organisation is confirmed.
27. Those new into treatment do they go straight to recovery or do they have the choice?
People new to treatment will go through the same process as existing clients. They will have a LASARs assessment to decide whether they want to access the Harm Minimisation Service or the Recovery Service, and the chosen service will provide their treatment thereafter.
28. DRR 1st time in treatment, may need a period of stabilisation, will this be in HM or Recovery?
Criminal Justice clients will also have a LASARS assessment, and LASARS will discuss their needs with Probation and the client. They will work with LASARS to decide whether they want to access the Harm Minimisation Service or the Recovery Service, and the chosen service will provide their treatment thereafter.

29. Release from custody – where will I go to replace prison leaver care?
Everyone being released from prison will access the same system and be treated in the same way as community referrals. They will have a LASARs assessment to determine which service it is appropriate for them to access, this may be done while they are still in prison where possible, if not an assessment will be conducted as soon as possible on release. If they are on a script then LASARS will help them to access services in the community to continue this.
More information on this service will be provided by LASARS service in the coming weeks.
30. Residential – if I am in rehab now or after April 2nd and want to speak to my care coord, or talk to anyone in the team, who do I contact?
Anyone currently in residential treatment out of Oxfordshire should continue to speak to their Case Manager in the Residential Team. The DAAT will communicate with our Residential Providers and all existing service users when their care transfers to another service. This may be to LASARS or the Recovery Service depending on their needs.
LASARs are currently concentrating on assessments for existing community service users, and it is planned for them to take on residential assessments for new clients from early April 2012.
More information on the process for those in residential treatment will be available in the coming weeks.
31. Advocacy – are details given out routinely at assessment stage by LASAR or do service users have to know its available to enable them to request it?
All DAAT service literature will include advocacy details and LASARS will ensure it is made available to service users at assessment.
32. Will service users have to provide information that they have already provided to another assessor?
Where possible, and where information sharing protocols are in place, information will be shared to prevent this. But in some cases service users may have to provide information to LASARS that they have already provided to another service previously.
33. Will any additional services be available during the transition to new services?
From 20th to the 30th March an additional drop-in will be running from the Quaker Centre in Oxford. This will be staffed by existing and new services and will provide a place for service users, existing and new, to come and get advice and information.
More information will be available in the next few weeks.
34. If I move to the Recovery Service will I have a Recovery Worker?
Yes, service users accessing the Recovery Service will have a Key Worker.
35. Will the Mobile Unit continue to run?
At this stage it is not anticipated that the mobile unit will run initially, although the future use of the unit is still under consideration.
36. What does treatment from the Recovery Service mean?
The Recovery Service will provide structured treatment as described above, including clinical community detoxification, to people who want to work towards abstinence. For people who are on a prescription this will mean committing to work with your prescriber and Key Worker to

undertake detoxification at a pace that is agreed with you, with the aim of working towards becoming abstinent from all drugs, including methadone and subutex. The Recovery Service will provide an enhanced package of treatment and community support to support people through this process and to help people to stay in Recovery.

37. Where can I get more information:-

OUT freephone helpline:- 0800 169 7970

DAAT Website:- www.oxfordshiredaat.org

LASARS telephone number:- 01865 403261

Recovery Service telephone number:- To be confirmed

Harm Minimisation Service Telephone number:- To be confirmed