

Spotlight On **Recovery Services**

Experiences of individuals accessing Recovery Services in Shropshire for substance misuse

Who is Healthwatch Shropshire?

Healthwatch Shropshire is the independent consumer champion for health and social care in Shropshire. We aim to ensure that people from across the county have an opportunity to voice their opinion on the health and social care services affecting them. We are one of many local Healthwatch across England.

What we do

We listen to peoples' experiences, look for trends and influence commissioning, provision and scrutiny of local health and social care services. We also provide an information and signposting service. We are not individual case workers, but where people need that we signpost them to the right service.

Background

Healthwatch Shropshire aims to hear the voice of all of the people in Shropshire. We are committed to making sure that people have the opportunity to share their views and we facilitate this where possible. Sometimes certain communities have more barriers to being able to speak out and are considered seldom heard. With this in mind we wanted to look at the experiences of people in Recovery Services. We had very little feedback on this area of provision and so in conjunction with the local provider, Shropshire Recovery Services we decided to set up a number of engagement days. We wanted to visit clinics and talk to the people, who were accessing recovery services and the staff that were supporting their recovery. This piece of work only focused on the adult recovery service.

What are Shropshire Recovery Services?

* Shropshire Recovery Partnership (SRP) is a partnership between Addaction and Arch. It offers information, advice and support for adults and young people with drug and alcohol issues. Shropshire Recovery Partnership is based at Crown House in Shrewsbury but offers services from a number of hubs around the county, including Oswestry, Whitchurch, Ludlow and Bridgnorth, as well as a number of GP surgeries across Shropshire

The service is accessed through self-referral but people can be referred in by other professionals and family members

The service includes:

Assessments - An opportunity to talk through your problems and to find out how the team may be able to help you. Please allow an hour for this first appointment.

Counselling - For those who want to look at the underlying reasons for their substance misuse and make positive changes.

Detoxification - The SRP can arrange a referral for in-patient detoxification at a specialist unit. Home detoxification is also available.

Substitute Prescribing - For those looking to stabilise and reduce their drug use with the aim of becoming drug free.

Needle Exchange - For those injecting drugs, our needle exchange at Crown House can offer sterile needles, syringes, injecting equipment and advice and support. Needle exchange can also be accessed at a number of pharmacies around Shropshire

Advice and Information - You can speak to a member of the team on any issue that may be worrying you.

Residential Rehabilitation- If issues can't be dealt with in the community, residential rehabilitation is available. These units offer programmes of specialist therapy and care lasting between 6 - 12 months.

Probation Clinic - This clinic offers support for people who have a drug problem who are on probation or have recently left prison.

Midwife Service - For people who are pregnant.

Group Work - A supportive environment with people who share a common experience, led by team workers with extensive experience.

The team also offers support to the family and friends of people who are seeking help.

*taken from the SRP website

What we did

Our engagement officer spoke to service users during clinic time at Crown House in Shrewsbury. The engagement comprised of a series of face to face semi structured interviews. We decided to have a prompt sheet for the interviews to ensure a level of consistency to the questioning. We advertised the engagement activity through a number of flyers and posters, social media posts and through the recovery partnerships staff. We spoke to 15 service users, 2 concerned others and 3 members of staff over the 2 days.



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**Come and Talk
To Us**

**Healthwatch Shropshire is the
independent voice of the people of
Shropshire.**

**We want to hear from people using
Recovery Services.**

**What is working well for you ?
what could be improved?**

All comments will be completely anonymous

18th and 19th December 2017

To book a slot speak to your support
worker or contact
Adelle 01743237884
adelle.wilkinson@healthwatchshropshire.co.uk

What we found out

You Said....

Key themes

Access

People had mixed views about the ease of access into the service and this seemed to be dependent on whether you were accessing the service as a drug or alcohol user. The service was well known amongst drug users and was well respected. The fact that you could self-refer and also that at Crown House you could just walk through the door to access the service was seen as positive by users. Some people told us that they had used the service more than once but always knew where to go to get help when they were ready.

“Most people in the drug community know where to go. I just walked through the door when I knew I needed help on my own. To be honest I can’t fault them. Everyone knows how good they are. If you ask anyone round here who are using they will know about these.”

The good reputation of the service within the community encouraged users to seek help initially. This word of mouth approach was commented on by several users.

“I knew I wanted to get clean a friend told me about SRP and so I phoned up. The support has helped I wouldn’t have been able to stop using without them. I have been clean for 8 months.”

Conversely this was not the experience of people who were in recovery for alcohol misuse. Comments here were limited as most of the people that we spoke to were using the service for help with their drug use.

“People don’t really talk about the support on offer it’s really hard to know where to go. It is only if you know people who have used the service that you know about it”

Most people knew about the range of services on offer and some had attended the group sessions, although it was felt that these services were very limiting as they took place during the day.

This was also discussed as an issue with accessing the service as a whole. A number of people who we spoke to were in employment, a goal of their recovery, but were finding it increasingly difficult to attend appointments as they were in office hours.

“I work and so it is hard to get the support I need and the meds. Everything is on in the daytime. I have had to work nights so that I can still get to appointments. It’s the only way I can do it.”

“Most people are not at work so services are in the day. It is hard for someone like me, who works, to come to appointments, but I am determined for it to work for me. I understand that the services have to build it around them and it’s how it should be, I chose to be a user so I need to fit in. Work is the thing that keeps me going. It does mean that I can’t attend the groups and things like that. If I had the time I probably would.”

“I went into residential detox. It was hard for me because I work. I was working full time and I had to book holiday to go. Then I couldn’t get the dates I wanted. But the detox did work. If I ever needed it in the future I would have to do a home one.”

It was understood that it was difficult to create a service that matched everyone’s access needs. Some people said that they would like services that could be accessed by phone but then others spoke about the fact that they didn’t have the use of a phone, internet and rarely had credit on their phone.

Support for concern others

The concerned others that we spoke to told us that they were not aware of any support for them as carers. They felt that meeting other people in a similar situation would be very helpful and that it would be good to interact with other people whose family and friends were users and who understood what they were going through.

Recovery Workers

Without exception everyone that we spoke to told us how much they valued their recovery workers, many different terms were used by people to describe their recovery workers ‘key worker’, ‘Link Worker’, ‘Support Worker’. People told us that they do a really good job and were vital to their recovery. We were told that these workers were able to offer a range of support and advice and were trusted by their clients. Each one was highly valued by the clients. The recovery workers had a case load of around 40 people each. In some areas there were less staff and so there were delays for the people who live in that area to get a recovery worker.

“Key workers are the thing that gets you through. They can help you with everything, houses and everything. “

The long waiting times to get a recovery worker was brought up by many people as a great source of concern and a barrier to getting help. The waiting time to get a recovery worker varied depending on where you lived, with people from South Shropshire waiting the longest. People told us that they waited from between 2 weeks to 2 months to get an individual recovery worker. They told us that this was

affecting the reputation of the service with some people not seeking help because they knew that the wait would be so long.

“Everyone who uses knows about Crown House, but word also gets out that you have to wait months. This puts a lot of people off. “

“The wait for a worker is bad, everyone knows it, everyone talks about it.”

People spoke to us about first seeking help and the importance of this period for a successful recovery. They worried that the delay from initially asking for help to getting a recovery worker would lead to relapse. This was particularly difficult for heroin users who were looking to get substitute medication, as clients needed to have an allocation of a recovery worker after which they can have a health assessment before they can see a prescriber. People suggested that some form of interim support could be offered during this time.

“It would be good if there was someone to one support in the first few weeks, even if it was just by phone. This is the hardest time and it’s just when you slide back into using”

“Getting a script is difficult you have to wait about 6 weeks. It’s to see the doctor, they are really busy. I did wait but most people won’t bother if they have to wait that long. You can come to services but you’re still scoring. If you’re using the whole time you’re probably not going to bother turning up for your appointment. Coming in to get help is a big step but you will just go back to using.”

e The Clinic

When we visited the clinic it was incredibly busy, many people were waiting an hour and a half for their appointments. We had just had a period of bad weather and postal services had stopped, as prescriptions are not able to be sent digitally only by post many of these prescriptions had not been received. This meant that there was a backlog for prescriptions and lots of people waiting to see the doctor. Some people hadn’t been able to have any prescribed medication for over 3 days due to issues in getting medication and closures due to the weather, this further increased the pressure on the doctor. We were told there are around 500-600 people on the prescribed list. The doctor holds a prescribing clinic at Crown House, Shrewsbury, twice a week and there is great demand for this service. This was an incredibly pressured environment for the staff in the clinic.

“If you miss 3 days in a row getting your script it get stopped. This has happened to me because I couldn’t get here with the snow. But it can easily happen at other times, especially with transport problems. When it gets stopped you have to go back and start again. You have to see the doctor and then they put you on a low dose. When I couldn’t get in because of the snow I had to go and buy from the street. It’s cost me £100 this weekend, I know it costs about 50p here. It been tough”.

The Waiting Room

The waiting room was raised as an issue by numerous people. Everyone using the service waits in the waiting room before their appointment. For some people this was a difficult environment to be put into depending on where they were in their recovery. People told us that as they are further along in their recovery than some other users, they found it difficult to interact with the people waiting for their appointments and seeing people at different stages brought back painful memories. For others they found it difficult to see people in the waiting room that they used to associate with whom they had purposefully distanced themselves from to aid recovery.

“The waiting room has everyone in it waiting, all different people. a lot are rattling, there will be people here from your past, that is hard.”

Interactions with other services

During our visit the people that we spoke to explained how services outside of the Shropshire Recovery Partnership treated them and how services worked together. There were some key themes that were highlighted.

Pharmacies

As many of the people we talked to were receiving substitute prescriptions such as Methadone and Subutex for their drug use, they were also high level users of pharmacies. There was a great mixture of positive and negative experiences in this area highlighting the variance in provision. People explained that they get treated differently depending on the attitude of the pharmacist and that this impacts on their feelings of self-worth. Some pharmacies gave methadone users a room to take their medication so they were afforded privacy and respect, whilst there were other examples of a pharmacies that insisted the Methadone was taken at the counter in front of customers. People told us that they felt judged and you get treated with suspicion. One person explained that in their town, where there are 2 pharmacies, one treats you very badly purely because you are a Methadone user. They will always go to the other pharmacy where they feel they are treated like a “human”. Pharmacies named by the people we spoke to for their examples of good practice include

- Boots, Pride Hill Shrewsbury
- Bicton Heath Pharmacy
- Bridgnorth Pharmacy, Mill Street, Bridgnorth.

Physical Health

Attitudes towards drug and alcohol users were brought up on many occasions when talking about interactions with Health services. People who were accessing recovery services for substance misuse felt that they were treated differently because of this. They felt that they were denied access to treatment as medical complaints were always attributed to substance misuse and not further investigated. For some people there was an understanding that the root cause of some of their long term conditions was their reliance of drugs or alcohol but they still felt that health services treated them differently because of this and that they were not always given the same care as someone who's health condition was caused, for example, by obesity.

"I have a liver condition that I have had since I was young. I don't bother going to the doctors anymore. They always put it down to drugs and I'm not taken seriously."

"When you are a user every health problem you have gets put down to that. You are not taken seriously. The only health support you get is testing for things like Hepatitis."

Mental Health Services

A significant number of the people we spoke to discussed mental health conditions both diagnosed and undiagnosed. Some people had received treatment in the past for these conditions but were no longer able to access the service due to their misuse of substances. People told us that would like to have more help to manage their mental health conditions and that they felt this would also help their recovery, especially as some people self-medicated with the drugs that they were taking.

There were no clear links between Recovery Services and Mental Health Services. We were told that SRP had counsellors that were very good and highly trained who could help with mental health issues but they weren't able to support with very specific mental health conditions.

"I had been seeing people for my mental health when I was a child. They put me diazepam and after a while they said they wouldn't give it to me anymore because they said I was just trying to get drugs from them. This was not true I wouldn't take that for anything else. If I had wanted it I could have just bought it on the street it's only a couple of quid. You are not treated like everyone else. I don't get mental health treatment now."

Thank you

Healthwatch Shropshire would like to thank the people who gave their time and shared their stories with us. We would also like to thank the staff from the Shropshire Recovery Partnership for their time and support.