A position paper by the NHS Inpatient Network — a Subgroup of the NHS Addictions Provider Alliance

The Commissioning of Medically Managed, Inpatient Detoxification Provision in England

NHS addictions provider alliance

Introduction

Inaugurated in 2016, the NHS Addictions Provider Alliance is a membership body with all NHS providers of addictions services across the UK. There are currently 15 NHS providers that make up the membership board.

We believe that as a group of NHS Providers from across the UK, we will be more effective in positively contributing to the addictions treatment and support sector than as individual organisations.

We work collaboratively with service users, carers and other organisations who are committed to making a positive difference to the on-going development of the addictions field, including drug, alcohol, gambling and gaming treatment and support.

The NHS Inpatient Network (IPN) is a subgroup of the alliance, created to provide a voice and advocacy for the remaining NHS Inpatient Units (IPUs) in England. NHS APA is also developing clinical chambers for Medical Leads across NHS APA Members' services.

The current NHS inpatient detox provision in England is at breaking point and there is a risk that patients living with the most life-threatening addictions will not be able to access appropriate treatment in the very near future.

With only 6 remaining units in England, all of which are members of NHS APA and the NHS IPN, there is already a postcode lottery for patients in terms of access to these vital services.

Background

On the 4th of Feb 2021 Public Health England (PHE) informed Local Authorities and NHS Providers across England of their intention to make £80m of new investment available to support drug and alcohol treatment across England.

The funding is designed to address several areas of the current treatment system as well as to pilot some new treatment models. However, crucially, the area of medically managed (Tier 4) inpatient detoxification provision is specifically referenced as a key priority within the overall £80m investment. In further consultations with PHE, the NHS Addictions Provider Alliance (NHS APA) has learned that £15m of the overall £80m has been earmarked to improve access to **medically managed** inpatient detoxification in England.

PHE, in consultation with local authorities and NHS providers, is currently in the process of identifying the commissioning arrangements to support the investment into inpatient detoxification provision. As such, this paper is designed to advise PHE and local authorities about the commissioning options available to secure inpatient detoxification provision through the NHS APA Inpatient Detox Network (IPN).

Types of Inpatient Detoxification

Currently, there are two ways in which inpatient detoxification can take place:

- **Medically managed detox** — where services are able to deal with complex physical, mental health and behavioural issues and provide 24-hour nursing care.
- **Medically monitored detox** — where detox services are only able to support patients with less complex needs and are unable to provide 24-hour nursing care.

The significant difference between NHS medically managed provision and that of other detox provision is that only NHS Inpatient Units are Consultant Psychiatrist-led and hospital-based, enabling the NHS units to manage the most complex patients that other services (both medically monitored and medically managed) feel unable to support.

In discussions that the NHS IPN has had with PHE, it is clear that there is a desire to increase the number of medically managed inpatient detox beds in England.

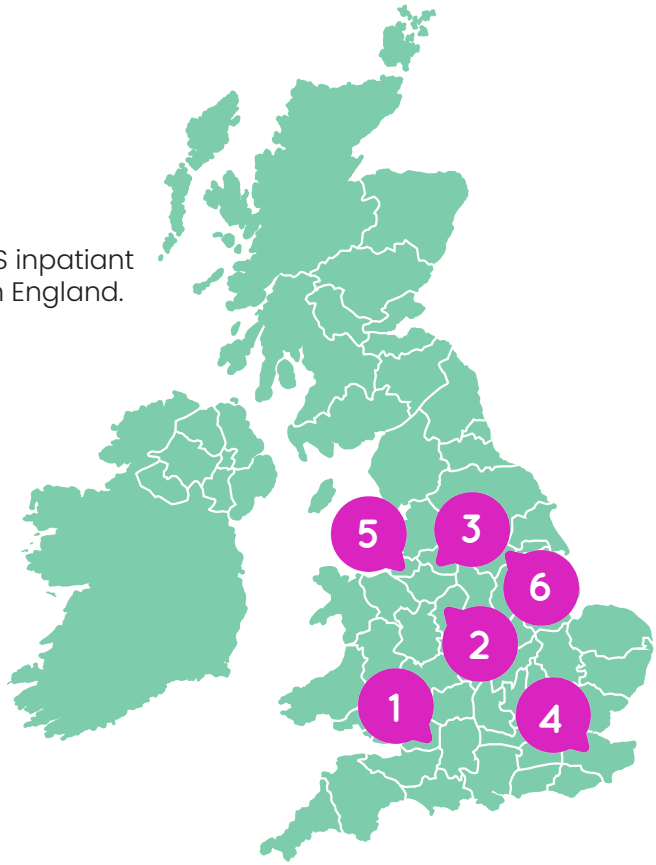
What the NHS APA Inpatient Network can offer

As detailed above the NHS IPN includes 6 dedicated, medically managed inpatient detox units that are part of 6 different NHS Trusts across England. These are as follows:

Unit	Trust	Number of beds	Number of covid-secure beds
ACER — Blackberry Hill Hospital, Bristol	Avon and Wiltshire Mental Health Partnership NHS Trust	11	7 [currently operating at 5]
Edward Myers — Harplands Hospital, Stoke-On-Trent	North Staffordshire Combined NHS Trust	14	14
Chapman Barker — Prestwich Hospital, Manchester	Greater Manchester Mental Health NHS Foundation Trust	36	32 currently 21- 34 beds from 19 April
Bridge House — Maidstone	Kent and Medway NHS and Social Care Partnership Trust	11	9
Merseycare — Liverpool	Mersey Care NHS Foundation Trust	17	9
New Beginnings — Doncaster	RDASH NHS Foundation Trust	10 beds + 3 extended stay flats	8 currently 10 from May 21

Current Provision

As of 1st January 2019, there are currently five NHS inpatiant alcohol and substance misuse units operating in England. These are as follows:



1 ACER
Blackberry Hill Hospital, Bristol

2 Edward Myers
Harplands Hospital, Stoke-On-Trent

3 Chapman Barker
Prestwich Hospital, Manchester

4 Bridge House
Maidstone

5 Merseycare
Liverpool

6 New Beginnings
Doncaster

Unique Features of NHS IPUs include:

1. Settings

- Treatment is typically provided in a hospital environment (i.e. NHS IPUs) which includes specialist multidisciplinary care, available 24 hours per day and delivered in a safe, alcohol or drug-free environment with ready access to other medical or psychiatric hospital services
- The medically managed IPU can deliver care-planned interventions to service users at any point in their treatment career, but when the focus of an IPU is only on assisted withdrawal, service users who could derive health gain from such a service are often excluded
- The full resources of a general acute care hospital or psychiatric hospital are available to the IPU, either directly (on the same site) or indirectly (through consultant referral). This may include medical, surgical, antenatal, dental advice and care, dietary, or pharmacy advice
- A hospital setting permits a higher level of medical observation, supervision and safety for service users needing more intensive forms of care. Specific tasks of the IPU may include:
    - Assessment of substance use
    - Assessment of mental health
    - Assessment of physical health
    - Assessment of social problems

2. Stabilisation and Screening

- There is considerable evidence that the number of service users with more complex problems (co-existing physical and mental illness, dependence on more than one substance) is increasing. Such cases can be managed in a community setting, but the IPU setting permits a high level of medical observation, supervision and safety for service users needing more intensive forms of care.
- NHS IPUs use screening tools (such as ACE III or MOCAM) to detect particular problems associated with alcohol-related brain damage while also collating and reviewing information from multiple other sources to fully understand other potential causes. Once causes of the cognitive impairment have been ascertained, remedial action or treatment is undertaken, such as treating reversible causes, prescribing reviews/describing drugs contributing to the impairment, treating or referring for treatment of psychiatric conditions. These actions are reviewed and the NHS IPU liaises with the referrer and other relevant agencies to ensure that appropriate management and interventions continue once the patient is discharged from the IPU.
- Testing for hepatitis B, C and HIV, and hepatitis B vaccination for any at-risk service user during an IPU stay (may happen in medically monitored though).
- Prevention of Wernicke-Korsakoff syndrome. Service users admitted to an IPU for medical management of alcohol withdrawal are at high risk of developing Wernicke-Korsakoff syndrome. IPUs must be equipped to provide prophylaxis and treatment for this condition. Oral thiamine is ineffective in this condition. Therefore, appropriate facilities for parenteral thiamine treatment (IV/IM) are necessary, including facilities to manage the rare cases of anaphylaxis that may occur.

3. Staffing:

- Unlike other rehabilitation and stand alone detox services, NHS inpatient detox units are led by a Consultant Addictions Psychiatrist (CAP). The CAP is an experienced doctor who has undergone approved training in addictions psychiatry as well as other psychiatric disciplines. Consultant Addictions Psychiatrists develop practice, lead the inpatient service and links with other services as well as the NHS Trust in which the service is located.
- In addition to the CAP, management leadership may come from any of the other professional groups including specialists in eating disorders, perinatal psychiatry, forensic psychiatry, crisis teams and other approved mental health professional services as well as wound care specialists, dieticians, physiotherapists, pharmacists and other physical health specialists are available as needed.
- The CAP importantly also enables medical trainee placements developing the doctors and consultants which are in short supply and continue to decrease in number within the field.
- NHS IPUs have developed a staff group with a high level of expertise in assessing and managing physical problems, and are well equipped in terms of physical resources and environment.

- The skills of the IPU multidisciplinary team and the availability of support services allow the conjoint treatment of any co-occurring biomedical conditions that need to be addressed.
- Pre-admission referrals are managed by a team of highly skilled professionals such as Nursing Managers, Consultant Additions Psychiatrists and allied professionals. The enhanced skills amongst this professional team allows for a multidimensional care package for the patient, focusing on all their medical and psychiatric needs, not just their current addiction problem.

4. Pregnancy:

- The ability to address the needs of both the mother and the foetus, and IPU treatment allows for accurate assessment and dose titration, opportunities to address drug or alcohol use, engagement with antenatal care services and assisted withdrawal where appropriate.

5. Comorbidity of physical illness, mental health and substance misuse;

- Acute medical problems require management in a hospital setting, but substance misuse IPUs have a role in supporting acute services and primary care in assessing and managing physical comorbidity in this vulnerable group.
- Up to 40% of patients with chronic alcohol dependence have some degree of cognitive impairment. Service users with severe and enduring mental illness and substance misuse should have their care primarily managed by mental health services, in line with national guidance. However, IPUs have a role in supporting such services through the assessment and on-going management of the coexisting substance misuse problem.
- A majority of service users presenting to community substance misuse treatment services have other mental health problems, most commonly depression, anxiety or personality disorders. Such disorders may be difficult to assess and treat in a community setting, particularly if alcohol or illicit drugs are used as a form of self-medication.

6. Quality assurance

- Each IPU must be integrated into a wider clinical governance structure to ensure that progress is made across all seven domains outlined in Standards for Better Health.
- Progress should be continuously monitored through the clinical governance framework of the IPU parent organisation (usually an NHS Trust).
- All NHS inpatient detox units are CQC rated Good or Outstanding

Inpatient Detoxification Unit Blueprint Specification

As a group of the leading providers of medically managed inpatient detoxification, the NHS IPN is uniquely placed to support individual local authorities or regional commissioning groups to understand what the key requirements of tier 4 provision could look like in your area. As such, the NHS IPN has produced a blueprint specification that local authorities and commissioning groups can use to inform any commissioning intentions.

The blueprint specification can be downloaded from the NHS APA website here.

The NHS IPN is also happy to engage with potential commissioners in order to advise and help them to understand the relevant service models and commissioning approaches that could be implemented so that commissioners can secure sufficient tier 4 provision which meets their service user needs and demand.

To contact our chair please contact: Jon Shorrock via jon.shorrock@nhs.net

Securing sufficient provision — Potential routes to market

The PHE funding detailed in section 2 will soon be available to commissioners to start considering their approach to securing sufficient inpatient detoxification provision. As such, the NHS APA has developed some options that commissioners may wish to consider in terms of securing the provision that they require. These include:

An established preferred provider framework

Given that all NHS led medically managed inpatient detoxification provision in England is currently delivered by the 6 members of the NHS APA Inpatient Detoxification Network (IPN), there is an opportunity for commissioners to consider the providers that constitute the NHS IPN as an existing preferred provider framework from which to commission inpatient detoxification services. This could operate in a few different ways including:

A. The ability to block reserve beds within the existing network of providers. For example, commissioners could decide to reserve X number of beds which could be fulfilled throughout any of the 6 NHS IPN settings. The financial arrangements on this approach could be managed between a guaranteed retainer element for year round access to provision and then an agreed daily tariff when beds are filled. Contracting for this could be held at an individual NHS Trust level or with the 6 NHS IPN providers acting together under a Memorandum of Understanding.

B. Commissioners could block reserve beds with a single NHS IPN provider operating in a specific geographical area. The current NHS IPN spread allows for some natural geographic boundaries so that each provider can serve a particular area. This would happen on a retainer and day rate tariff as described in the previous section.
C. Where commissioners wish to establish new medically managed provision in a specific area in order to serve a specific geography or service user population, the NHS IPN could be commissioned to establish the provision from scratch in a specific area. This would include expert consultation on service design, resource mobilisation and implementation of the service scale up and delivery.

The NHS APA believes that there are a few key considerations that commissioners should consider with regard to the procurement of inpatient detoxification provision which include:

- PHE is clear that the funding to support tier 4 provision detailed in section 2 of this document is a one year funding settlement to 31st March 2022. As such, there is an inherent time constraint for commissioners to mobilise their commissioning and procurement approaches in order to secure sufficient tier 4 provision.
- Given the key clinical and operational features of medically managed inpatient detoxification provision (as described in section 4), it is highly unlikely that this provision could realistically be provided outside of the governance and infrastructure of a NHS Mental Health hospital setting. As such, the 6 existing providers of the IPN detailed in section 4 of this document make up the entire existing provider market for this category of provision.
- Without swift access to this new investment of funding, the existing NHS IPN providers will continue to reduce and with it the number of beds available nationally for this essential provision.

With these considerations in mind, the NHS APA is asking commissioners to use the procurement exceptions at their disposal to contract directly with IPN providers through the commissioning models detailed above. Relevant exemptions to allow direct contracting with IPN providers might include:

- Placements sought for an individual with a registered care provider of their choice under the National Health and Community Care Act 1990;
- Where goods, services or execution of works are obtainable only from one source or contractor and there is no reasonably satisfactory alternative;
- Where compatibility issues are such that procurement from another source would be uneconomic given the investment in previous infrastructure;
- Where waiving the application of the procurement rules would be in the interests of the efficient management of the service.

Get in touch

If you would like to discuss the commissioning of inpatient detoxification provision further with members of the IPN then please contact:

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or find out more via our website and campaign information pages:
nhsapa.org/ipn