Bringing Services to the Patient: Assertive Outreach Service

Susan Carmichael, BBV Prevention Nurse, Harm Reduction Team

Elaine Elder, IEP Worker, Mid and East Lothian Drugs
Why an assertive outreach approach?

• Health needs assessment (2017) –
  • 48% of IVDU’s have HCV
  • Between 2016 – 17 there was a 30% increase in drug related deaths.

• Musselburgh has no pharmacy IEP

• Suspected there is a high level of HCV, DRD & NFO
Aim Of The Assertive Outreach

• There is a hidden, chaotic and vulnerable number of patients accessing secondary distribution.

• To reach this population this short test of change aimed to offer specialist services in the patients home.
Change Ideas

• Offer BBV testing, discuss transmission risks and safer injecting advice to all patients.

• Offer Naloxone & overdose advice to all patients.

• Emphasis on hygiene & hand washing.

• Refer patients to BBV service where applicable & maintain contact to ensure appointments are attended.

• Discover the barriers to treatment / prescribing services and overcome these with partnership working.
How was it implemented?

- Thursday’s 1030 till 1600 – contact made via text or telephone call.
- Identicom and safe and well procedure
- IEP delivery using unmarked staff car as a way into someone's home.
- Offered BBV testing, Naloxone, safer injecting advice, Hepatitis B vaccination, triage for prescribing services and MELD support, signposting to other services, basic wound care and advice, sexual health advice and condoms.
- Recorded info using same criteria as Neo along with interventions carried out.
Outcome Measures

- No. of patients reached on Assertive Outreach
  - 23 unique encounters & 48 interventions.

- No of times patient engaged with service
  - Returned 3 or 4 times due to vaccinations and because some patients were high risk.

- No. of referrals to BBV treatment team
  - 9 patients referred in total – 4 already known to the service & 5 newly infected.
Process Measures

• No. of times patients tested for Hepatitis C
  – 13 tested – 3 positive, 1 equivocal, 1 antibody +ve antigen –ve.

• No. of Naloxone kits distributed
  – 11 kits given out. Overdose risk discussed with everyone.

• No. of patients not in touch with services
  – 4 patients had never been in touch with services or for a long while.

• Time spent by practitioner with no patient contact
  – Very little – only without contact when driving to destinations.
RESULTS

• 47 interventions took place with 23 unique encounters

• 52% of patients had never used the bus (or hadn’t for a while)

• More people began to use the bus as a result of the service

• 4 were not involved with services at all (3 had been past NFO)
RESULTS

Age Range:
- Age 46 to 55: 17%
- Age 26 to 35: 26%
- Age 36 to 45: 57%

Gender:
- Female: 35%
- Male: 65%
RESULTS –

No. Of syringes and needles distributed compared to No. of returns

| Number of syringes / needles distributed | 3485 |
| Number of returns                       | 7830 |
RESULTS

Self Reported BBV Status

- Positive: 17%
- Ab+ Ag-: 4%
- Negative: 74%
- Unsure: 4%

BBV Testing Results

- Negative: 61%
- Positive: 23%
- Ab+ Ag-: 8%
- Equivo Cal: 8%

Self Reported BBV Status and BBV Testing Results
RESULTS

Sharing & Reuse Status

<table>
<thead>
<tr>
<th></th>
<th>In Past Month</th>
<th>Over a Month Ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>3 (13%)</td>
<td>14 (61%)</td>
<td>6 (26%)</td>
</tr>
<tr>
<td>Indirect</td>
<td>5 (22%)</td>
<td>14 (61%)</td>
<td>4 (17%)</td>
</tr>
<tr>
<td>Re-use</td>
<td>18 (78%)</td>
<td>5 (22%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Interventions Carried Out

- IEP: 77%
- BBV Test: 56%
- Naloxone: 48%
- Safer Injecting: 92%
- Vaccination: 22%
RESULTS

Signposting

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinations</td>
<td>2</td>
</tr>
<tr>
<td>Wound Care</td>
<td>3</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>3</td>
</tr>
<tr>
<td>Dental</td>
<td>1</td>
</tr>
</tbody>
</table>

Referrals Made

<table>
<thead>
<tr>
<th>Team</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>EL SMS Prescribing</td>
<td>3</td>
</tr>
<tr>
<td>BBV Team</td>
<td>9</td>
</tr>
<tr>
<td>MELD</td>
<td>5</td>
</tr>
</tbody>
</table>
Common Themes

- Blood Borne Virus Testing – outreach found itself in the midst of a new instance of hepatitis C.
- Naloxone & Overdose
- Partnership Working
- Poor health, Hygiene and unsanitary conditions
- Drug Trends
Common Themes

Poor health, hygiene and unsanitary conditions
Common Themes -
Poor health, hygiene and unsanitary conditions

Blood Spurts Up The Wall  Blood on Sofa
Common Themes – Drug Trends
Common Themes –

Drug Trends
Positive Feedback from Patients

“I have reduced re-using my own needle. The safer injecting chat scared me and made me think about where I was injecting. I have stopped neck injecting.”

“I stopped taking Xanax and Pre-gablin after discussion with the workers. I overdosed twice in 6 months and did not want to die.”

“Consistency with workers makes it easier to talk and having the same staff on the bus delivering the assertive outreach provided this. I felt that confidentiality is first and foremost what it offered as well as an approachable, kind and caring feeling from the girls.”

A+ excellent!
Recommendations

- The assertive outreach should be extended for another 6 months to complete exploration of the Preston Pans, Haddington and Tranent areas of East Lothian & Mid Lothian which would allow re-engagement / continuity with high risk patients.

- Consider longer term plan for offering the AOS as a core service across Lothian.

- Consider a short term plan in the interim in order to offer continuity with a minimal break in service.
The End! – Thank You!

QUESTIONS?