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Head of Clinical Services



lighthouse
project



Background to Lighthouse Project

- Non Statutory Provider
- Established 1967
- 33 projects
- 21 sites
- 260 staff
- 5 Clinical Leads – 15 Clinical Assistants
- 7 Primary Healthcare Nurses



Types of treatment services

- Tier 2 open access services
- Tier 3 Community Drug Teams
- Criminal Justice Services including, BS, ROB, DRR, Arrest Referral, Prison services
- Commenced ATR pilot April 06
- Shared Care Schemes



1992 St Helens: Why/How we started

- Unacceptable waiting times for treatment
- Significant number of stable patients
- Began to approach GPs
- Some co-operation, others definite NO!
- 14 years on 75% GPs involved in shared care
- One of the top performing schemes in the North West (NTA)



Obstacles to a Effective Shared Care Scheme

- Perceptions & beliefs
- Previous bad experiences
- FEAR!
- Lack of knowledge & understanding
- Single-handed practices
- Time
- Resources



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How did we overcome the obstacles?

- Involvement from local PCT/DATs
- Protocols/guidelines
- Clinical Governance Framework
- Supervised consumption
- Dedicated & competent drugs worker
- Payment incentive
- Relationship building



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- Shared Care Monitoring Group
- Shared Care Coordinator
- Training & Support
- Introduction of pilot schemes
- Titration clinics at CDT
- Empathy & understanding
- Persistence & lots of tongue biting!!!!



Indicators of Effectiveness

- Better health outcomes due to easy accessibility to GMS
- Reduces crime and increases feelings of community safety
- Empowers clients to make positive changes, eliminates 'sick' role behaviour
- Normalises drug treatment
- NTA influence encourages commissioning direction
- Allows the most chaotic clients to access appropriate treatment modalities