

Summary of EATA response to the Department of Health's consultation on the framework for the registration of health and adult social care providers 17 June 2008

Registration requirements for essential safety and quality

The European Association for the Treatment of Addiction (UK) is the main representative body for the voluntary and independent drug and alcohol treatment and aftercare sector, working to ensure that people affected by substance dependencies get the treatment they need. Many of our service providers who choose registration as an option feel that the quality of service delivery can be inconsistent due to the lack of regulations within residential service provision.

Therefore, EATA and members who responded to our request for comments generally welcome the approach outlined in the document. We believe that the registration requirements as defined will, if interpreted and applied correctly, contribute significantly towards overcoming some of the considerable shortfalls in quality control and safety which exist within the present system.

However there are concerns that the registration requirements (as set out in Annex B of the consultation document) do not go far enough for the drug and alcohol rehabilitative treatment sector. Specifically on page 78, the requirements are limited to those residential services providing detox or assisted withdrawal for people recovering from addiction. Detox and assisted withdrawal is a high risk service, but it can take place in residential and non-residential settings.

Also detox and assisted withdrawal is only the start of treatment for people recovering from addiction. It usually lasts for two or three weeks. The next step could include residential rehabilitation where clients having completed detox aim to understand and equip themselves with the tools for dealing with their addiction, whether this leads to controlling and reducing the harm their addiction causes (e.g. through opiate prescribing such as methadone, Subutex) or working towards abstinence.

The residential rehabilitation stage of addiction treatment usually takes much longer than detox or assisted withdrawal – varying from three months to 12 months or even longer. The contact time between staff and clients, who are still at a very vulnerable stage of their treatment, can be far greater and therefore this service can also be considered “high risk”. Consequently, a possible solution could be the provision of an option that is available for services to register with a range of other quality control mechanisms where appropriate and/or necessary.

Also, for services where accommodation is provided as a condition of attending treatment – i.e. rehabilitation services or services with intensive support treatment – we call for registration to be made an option that can be appropriate and relevant to as many services as possible. This would help to encourage greater registration as a measure, along with other quality standards.

Prescribing and supply of medicine is also carried out within residential and non-residential detox and assisted withdrawal services, and within residential and non-residential rehabilitation services. It is important that these services are accounted for within drug and alcohol treatment provision.

EATA members also want some consideration given to the circulation of information about registered services to those that commission services.

Are there any overlaps, or gaps or unintended consequences that will not be picked up by other parts of the system? If so, what are they?

One gap under the proposals may present itself where centres that provide residential accommodation and psycho-social support and treatment (but not detox/assisted withdrawal) work with community resources that provide detox/assisted withdrawal. Members are concerned that these centres may lose out – will local authorities only refer to providers who are registered? Clarification is required on this area.

Registration of primary care

It is encouraging that GP services will ultimately fall within the scope of registration for the treatment sector. We are aware that some areas deliver treatment whereby clients are placed in independent houses and rehabilitation is delivered in the home and elsewhere, using GPs to provide detoxification/palliative care. As a result of registration, we are positive about the prospects of monitoring and improving where necessary the quality of services this option delivers.

Anyone providing these services, using primary care such as the use of GPs, to substance misusers should be subject to tight and regular inspection. One example of ensuring this inspection is through Section 11 of Annex A, “Supporting People to be Independent”. Clearly anyone delivering the service described above must have as one of the core aims, the development of life skills, and therefore would be required to register.

For further information about this summary or our other policy activities, please contact:

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