**Information on the new Addiction Clinical Care Suite inpatient detoxification at Guy’s and St Thomas’ Hospital**

**Background:**

As part of the Government’s intention to end rough sleeping, Public Health England London has successfully bid for funding from the Ministry of Housing, Communities and Local Government to better address the increasing complexity of rough sleepers’ substance misuse treatment needs. The funding has enabled the commissioning of a new hospital-based inpatient drug and alcohol detoxification service for rough sleepers as part of a new pan-London substance misuse programme.

The service is also intended to address the gap in complex inpatient detoxification provision in London for those with co-occurring physical and mental health needs such as those with:

* severe alcohol and/or polydrug dependence
* a history of multiple detoxes and relapse
* alcoholic liver disease
* alcohol related brain damage
* COPD

Later in the year, the programme will also commission new residential rehabilitation services (as step down from the detoxification) and a new Ready for Rehab outreach/in-reach team to work in the community to prepare rough sleepers for treatment where there are gaps in local provision, and to manage the transition and improve successful continuity of care across the recovery and resettlement journey.

The City of London has been funded to commission these services for London, as part of a partnership involving PHE London, the Greater London Authority, London local authorities and other stakeholders.

The Addiction Clinical Care Suite (ACCS) operated by Guy’s and St Thomas’ Hospital will open early June 2021 and, included with this briefing note, is a copy of the service referral form so you can share it with your substance misuse provider and begin to consider referrals to the new service. Please note that referrals will only be taken from substance misuse services.

Previously you have been issued with an MoU and a request for a Purchase Order. Both are needed by the City before you will be able to refer to the service because of the arrangements about cross-charging.

The ACCS is for all London rough sleepers (including those who may be currently accommodated but are in danger of returning to rough sleeping) who meet the eligibility criteria around complex needs, have an exit/step down pathway identified, and who are referred by a borough-based substance misuse team. Unfortunately the service is unable to accept referrals for those with no recourse to public funds.

Local authorities will contribute £250 a night to the cost of the service, with the remainder of the costs covered by a block contract between the City and GSTT.

**Find out more**

The City has organised three one hour meetings with staff from the Addiction Clinical Care Suite (ACCS) for providers and commissioners to get to know more about the service, what is offered within the ACCS, the eligibility criteria, and any other questions that may arise after reading the referral form and service specification.

These take place on:

* 21st May (13.30-14.30)
* 24th May (11.00-12.00)
* 25th May (12.00-13.00)

If you would like to attend and haven’t yet been invited, please send an email to: [michelle.binfield@cityoflondon.gov.uk](mailto:michelle.binfield@cityoflondon.gov.uk)

If you have any questions about how to access the service, about the MoU you have been sent to sign, or the cross charging process, please also contact Michelle Binfield.

**REFERRALS AND ELIGIBILITY CRITERIA**

All those referred to the ACCS must have been assessed by a London local authority commissioned community substance misuse team and thought appropriate for the service.

ACCS referral forms should be sent to the ACCS Senior Clinical Coordinator via the email address provided on the referral form, and/or can be discussed by telephone.

The Senior Clinical Co-ordinator is a dedicated role put in place to liaise with local authorities about the admission and discharge planning to support effective transitions.

**Identification of service users for the ACCS**

The aim of the MHCLG programme is to end rough sleeping, so issues such as complex mental and physical health needs, no local connection, lack of kennelling for dogs, all of which are often barriers to accessing treatment, are not exclusion criteria.

The ACCS is committed to providing evidence based treatment allowing for safe and effective care for service users. In order to do this, and prior to entering the ACCS, it is key that community substance misuse teams are able to demonstrate the service user has engaged with the substance misuse care planning process.

The following outlines the requirements of service users to demonstrate suitability for referral to the ACCS:

* Service users are in contact with, and being referred by, a community substance misuse team
* Community substance misuse teams are satisfied that service users have engaged in the preparation for detoxification
* Details of appropriate housing or step-down in place for the service user post detoxification
* Confirmation of ongoing substance misuse support post-discharge
* Aged 18 or over

In addition, please note:

* Admission is for detoxification of alcohol and or drugs in people who are homeless who have complex needs (e.g. medical comorbidities) that otherwise are considered too unstable to be treated elsewhere
* There is no limit on alcohol use
* Recent blood test results are desirable but not mandatory
* Opioid users will be assessed for detoxification on a case by case basis. Opioid use may have been stabilised as part of community substance misuse treatment, but this is not a pre-requisite for entry.

Certain groups will be prioritised including:

* Pregnant women: referrals for service users who are pregnant will be assessed on a case by case basis with the community substance misuse team clinician and the ACCS MDT. Admission to the ACCS will be dependent on the stage of pregnancy, the treatment required and assessment through an across site MDT including maternity services
* Service users with diagnosed severe and enduring mental health illness
* Opioid and poly drug users with high risk behaviours such as high risk injecting including injecting into femoral blood vessels at the groin; injection related thrombosis and infection/abscesses; sexual risk behaviour
* High risk complicated alcohol withdrawal (previous delirium tremens, seizures, arrhythmias)
* Evidence of current alcohol-related morbidity (reduced cognition, regular seizures)
* Dependent drinkers who have complex medical comorbidities requiring clinical assessment or in whom detoxification may result in a subsequent deterioration of their medical health. A full list of likely medical comorbidities is contained within Appendix 2 of the Service Specification.

**If there are additional complex issues or medical comorbidities that are thought to make the referral a priority, these should be outlined in the referral form for consideration.**