

NHS Lothian
Harm Reduction Team
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Who we are

In place since March 2018. Within Harm reduction team

Nurse-led community-based resource providing support to services within acute hospitals to deliver care to drug users at high risk of harm

Key link between acute and community care

What we do

See patients who have dependent (daily) or erratic and hazardous drug use. Some who are not already engaged with community treatment services.

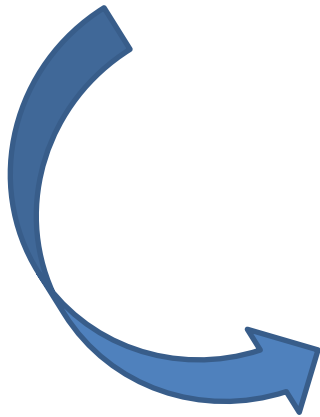
Improving access to and retention with opiate substitution therapy.

Advocate for patients and assist with diagnosis, intervention, treatment and care for patients who may have complex, unrecognised health conditions



Drug Liaison Service

- Substance use has evolved
- The way people use substances has changed
- Increased cocaine injecting



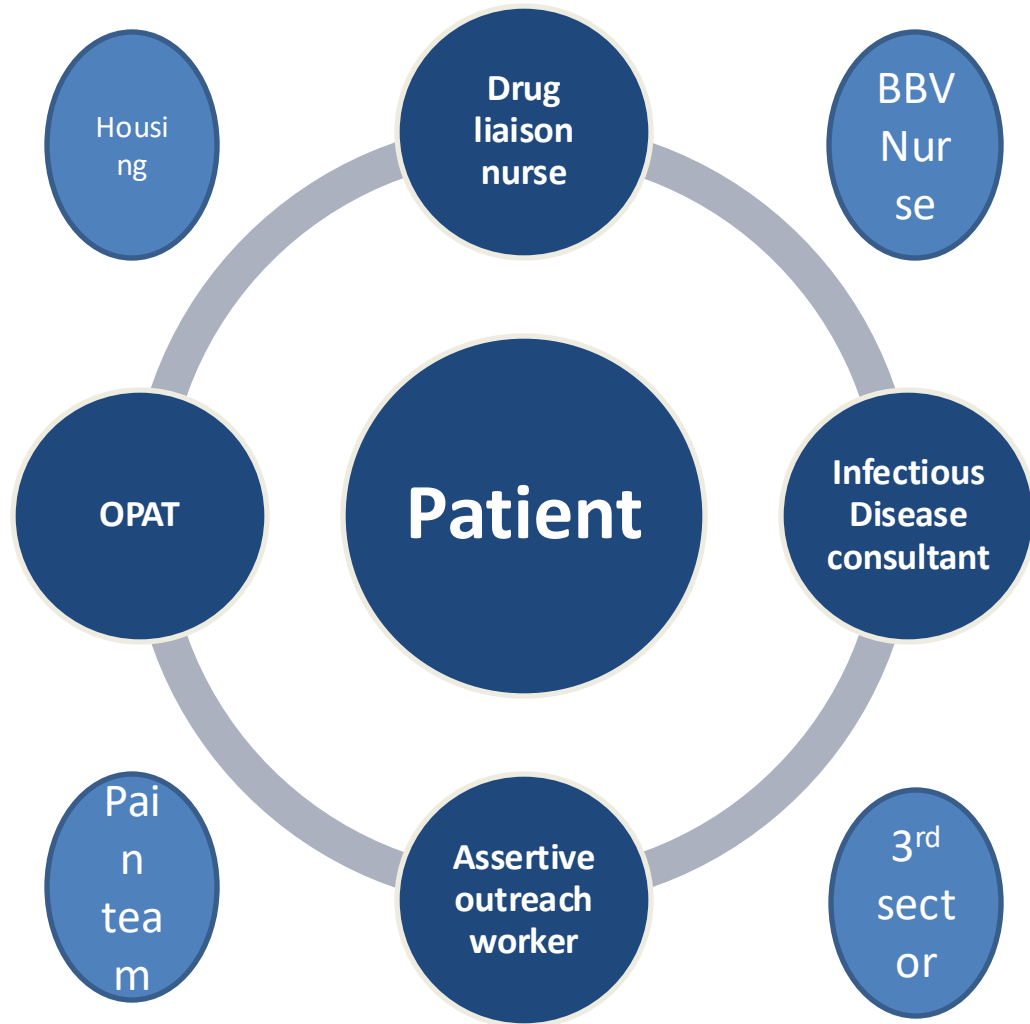
- Frequent hospital presentations
- Significant increase in severe injection related infections (SIRIS)
- Complex, deeper infections, often requiring surgery.
- Longer lengths of stay in hospital – poorly tolerated
- Extended IV antibiotic treatment
- Costly

What's
changed?

Aims

- Provide safe initiation and titration of OST
- Provide harm reduction advice
- Provide expert infection advice
- Provide support to remain in hospital if appropriate
- Provide sensible and realistic treatment plan
- Organise effective treatment and follow up in the event of an unplanned discharge
- Change the narrative from discharge against advice to patient-directed discharge and make this as safe as possible
- Advocate for the patient

Severe injecting-related infection team



1st 35 patients (41 episodes)

Patient characteristics		All patients N=35	Reported Substance use n (%)	
Mean age (SD, range)		41 (7.6, 28-60)	Cocaine	28 (80%)
Gender	Male	23 (66%)	Heroin	24 (69%)
	Female	12 (34%)	Benzodiazepine	8 (23%)
Homeless or in supported accommodation		17 (49%)	Pregabalin	6 (17%)
Mental health disorder diagnosis		15 (43%)	Cannabis	7 (20%)
Multimorbidity (≥ 2 chronic conditions)		6 (17%)	Reported alcohol excess	9 (26%)

Admission characteristics

**All
admissions
N=41**

Primary Diagnosis

	Bacteraemia	6 (15%)
Skin and soft tissue infection (cellulitis and localised abscess)		14 (34%)
Vascular pathology (Infected DVT, pseudoaneurysm)		6 (15%)
Bone and joint infections (osteomyelitis, septic arthritis)		4 (10%)
CNS/spinal infections (epidural abscess, cerebral abscess, discitis)		8 (20%)
	Endocarditis	2 (5%)
	Abdominal/retroperitoneal abscess	1 (2 %)

Drug replacement therapy

Current replacement therapy	n (%)	26 (63%)
No current replacement therapy	n (%)	15 (37%)

Started on replacement therapy during admission n 14 (34%)
(%)

Blood borne virus testing during or prior to admission

Patient tested within 12 months	n (%)	37 (90%)
Human immunodeficiency virus		0 (0)
Hepatitis B		0 (0)
Hepatitis C antibody positive		26 (63%)
Hepatitis C RNA detected		11 (27%)

	<u>Historic control 2021-2022</u>	<u>SIRI intervention</u>
Readmission within 30 days	31 (37.3%)	11 (25%)
Patient directed discharge	24 (28.9%)	9 (20.5%)
	Of the 24 who took a patient directed discharge 13 (54.2%) were readmitted within 30 days – compared to 30% of those who didnt	Of the 9 who took a patient directed discharge – 5 (55.6%) were readmitted within 30 days Compared to 17% of those who didn't
Infectious disease follow up (OPAT)	5 (6%)	35 (79.5%)
Follow up attended (at least once)	1	24 (68.8%)

Case Study 1

William

- 46 year old man with a long history of polysubstance use from childhood with a background of significant trauma
- Admitted to hospital with a Staph Aureus Bacteraemia (SAB)

Outcomes

- Stable tenancy in supported accommodation
- Stable on methadone prescription
- No further hospital admissions or NFOs
- Working with Cyrenians on interview panel

Case Study 2

Theresa

- A 33 year old woman living in Edinburgh with a long history of heroin use and difficulty engaging with services
- Admission to hospital following Near Fatal Overdose

Outcomes

- Stable on methadone for 18 months
- No further NFOs
- One hospital admission
- Access to own benefits

William said

“You gave me a life back and
I’ll never forget that.”

Future plans

Those taking patient directed discharge at especially high risk of coming to harm

- Reduce risk of this – what would make a difference

- Deliver bespoke wrap around service to this group after discharge

- Bring care/treatment to the patient

- Dedicated unit with a safer injecting space

Qualitative work to explore patient experiences of secondary care

Further integration and better communication with 3rd sector agencies with inpatient care

Explore clinical outcomes and guideline development

Timely drug testing/checking facilities

Acknowledgements

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- **OPAT**
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- **Harm Reduction Team**