



15 March 2010

Jenny Wolf
Project Manager, Addictions
Ministry of Health
PO Box 5013
WELLINGTON

Tēnā koe Jenny

Re: Draft Tier Level 3 Service Specifications - Opioid Substitution Treatment Shared Care with Primary Health Care and Opioid Substitution Treatment - Specialist

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to contribute to the Opioid Substitution service specifications and wishes to thank the Ministry for an extended review period.

NZNO agrees that primary health care is usually the first point of contact for people with a mental health or addiction condition, and primary health care has a role in providing accessible and appropriate treatment and services¹. We therefore recommend the inclusion of key principles of the *Practice Guidelines for Opioid Substitution Treatment NZ practice guidelines* (Ministry of Health, 2008)² in the service specifications, in particular: reference to treatment care plans, service delivery, quality indicators for service provision, and review criteria.

We are concerned about the service user's fee structure and recommend the inclusion of service user's fee provision and access to Kaupapa Māori services in these service specifications.

¹ University of Otago and Ministry of Health. 2009. Evaluation of the Primary Mental Health Initiatives: Summary report. Wellington: University of Otago and Ministry of health.

² Ministry of Health. 2008. *Practice Guidelines for Opioid Substitution Treatment NZ practice guidelines*. Wellington: Ministry of Health.

Treatment and service delivery

We believe that service providers must be accountable for service delivery and safe treatment for service users. It is essential that service providers use treatment plans as a measuring tool to ensure consistent monitoring and reporting of service delivery, in a set timeframe. We recommend the inclusion of *Section 1.57 of the Practice Guidelines for Opioid substitution treatment in the tier three specialist service specifications*:

- treatment progress, measuring treatment outcomes against individual treatment goals;
- updating the treatment plan, which will need to be discussed with, and agreed to, by the service user;
- a review of safety and level of physical stabilisation (with at least twice a year minimum);
- strategies to enhance the capacity of the service user to transfer to either an authorized (if this is not already the case) or approved GP or to withdraw from methadone altogether; and
- consideration of alternative or complementary interventions to MMT such as additional psychotherapeutic/social interventions, detoxification or residential treatment (which may or may not be drug free) (MOH, 2008).

Quality Indicators for service provision

NZNO believes that quality indicators for service provision should be in both service specifications, to manage potential risks, including appropriate timeframes for service review and identified authorized personal to carry out review, especially:

- Section 1.53 'once stabilisation is achieved, people on opioid substitution treatment should be **seen at least once every three months** depending on the needs of the service users the case worker may see people individually or in a group on a monthly basis or more often'.

Authorized personal able to provide this review?

- Review by a **case management team** consisting of a **case worker** and the **prescribing doctor** and at least **one other member of the special service team**.

Review Criteria

We believe that the timeframe to achieve ‘stabilisation on opioid substitution medication, is unrealistic and does not reflect those service users who cannot be stabilised within the two week timeframe, which in some instances can take a period of months.

Service users fee provision

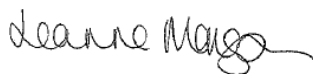
NZNO again wishes to raise our concerns with ‘the fee for service structure’ of GPs. We strongly recommend the service specifications include ‘service user’s fee provisions’ so that service users can have access to ‘free’ daily GP clinics and primary health services to receive their opioid substitution medication and any related services.

Kaupapa Māori services

We strongly recommend the inclusion in the services specifications of ‘access to appropriate Kaupapa Māori services’ as a stand alone provision rather than lumped under the general Māori Health clause to ensure that DHBs have an equitable responsibility to provide access to this service regardless of the numbers of enrolled Māori population.

NZNO welcomes the opportunity to be involved in further discussions about Opioid Substitution services.

Nāku noa, nā



Leanne Manson

Policy Analyst Māori

Phone: 04 494 6389

Email: leannem@nzno.org.nz

NEW ZEALAND NURSES ORGANISATION

The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 44, 000 nurses and health workers. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated. Our members include nurses, midwives, students, kaimahi hauora, health care workers and allied health professionals.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations.