

## **Representations to the Health Scrutiny Committee in relation to Item 6: Inpatient Detoxification Services at The Woodlands Unit**

- 1. Local Medical Committee**
- 2. Double Impact**

### **Representation from Local Medical Committee**

#### Email from Chief Executive Local Medical Committee

Please find attached a letter from our LMC Chair, Dr Greg Place, to the Healthcare Trust dated 9<sup>th</sup> November of this year concerning the planned closure of the Woodlands Ward inpatient facility.

This was discussed at a recent committee meeting and there is widespread concern among GP colleagues about this closure and we urge the Committee to look into this and scrutinise the effects of allowing this closure to happen – we're aware of a meeting taking place this Thursday.

We are concerned both about the potential closure but also about what will be in place in place of this facility if anything, general practice is not well set-up to support these particular patients and there is a real risk that they will be left with nowhere to go.

Letter from Chair Local Medical Committee to Nottinghamshire Healthcare Trust attached below

# Dr PW Macdougall, Dr GF Place

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194 Forest Road  
Annesley Woodhouse  
Nottingham  
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Tel no. 01623 752295 or 752153

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9<sup>th</sup> November 2017

Ref: GFP/LH

**Ruth Hawkins**  
**Chief Executive**  
**Nottinghamshire Healthcare NHS Foundation Trust**  
Duncan Macmillan House  
Porchester Road  
Nottingham  
NG3 6AA

Dear Ruth,

It has been brought to my attention that the in-patient facility for drug and alcohol users; Woodlands Ward, is about to be closed. This is really the only NHS unit we have available for detox facilities. These are among the most vulnerable patients in our society, and probably a group with which most GP's have got very expertise or experience in dealing with. We therefore look to our Secondary Care colleagues to help us out with these very difficult patients and we suspect that once discharged back into the community, and or indeed without the ability to refer into Secondary Care these people may well end up on the street.

Of course our thoughts and fears may be tempered by plans in place by the Trust to arrange alternative services for these patients once the in-patient unit is decommissioned and I would be very grateful for your thoughts and observations around this.

Yours sincerely

**Dr Greg Place**



## **The proposed closure of the Woodlands Unit and the Loss of an essential in-patient treatment unit in Nottingham**

Since 1998 Double Impact (a registered Charity) has worked in Nottingham with other agencies such as Framework and the National Health Service Drug and Alcohol Team to provide comprehensive services for people with drug and alcohol problems. The services we provide specialise in aftercare and recovery, helping those who have committed themselves to achieving and maintaining abstinence. The Charity achieves this by providing counselling, group work, housing support, and has a distinct focus on returning people to education, training and employment.

Many of the potential problems associated with the closing of the Woodlands were highlighted in the paper by the Commissioners which you all have. We would like to emphasis the following:

1. The Woodlands is part of a systematic and comprehensive approach to treating those with drug and alcohol problems. It is part of the local treatment community and closely linked to Double Impact, Framework and other services. It is often needed in emergencies, such as overdoses and drug-induced mental health crisis. Most people can be successfully detoxified from drugs or alcohol in the community but those who require specialist help because of physical or mental health problems, pregnancy, and homelessness need the highly specialised care provided by an in-patient unit the most. They are clearly the most vulnerable.
2. The dangers of drug misuse have never been greater. There has been an enormous increase in drug-related deaths in England over recent years. Between 2012 and 2016, drug-related deaths have increased from 2597 to 3744 (43%). Nottingham has been unusually successful in responding to this crisis. It has one of the lowest overdose death rates in the UK (2.9 per million compared to 4.4 million for England as a whole.) The accessibility of the Woodlands plays a major role in this success and demonstrates the need for such a facility. The increasing use of heroin worldwide stimulated by record heroin production in Afghanistan and Mexico, and the availability of very powerful synthetic drugs such as fentanyl in recent years will ensure this problem does not go away.

A second danger from drug use comes from the increasing availability of unknown drugs on the internet and the use of now common drugs such as Black Mumba and Spice. These drugs can have enormous and dangerous consequences on mental health and be difficult to detect and manage. Mental health problems can be mimicked by many of these drugs and often it requires very skilled in-patient assessment. Also, those with mental health problems such as schizophrenia use these drugs and often need in-patient treatment with specialist knowledge and skill in drug and alcohol misuse.

3. Nottingham is among some of the most successful authorities in England in helping people complete treatment and the partnership performance is above the Core Cities average for successful completions. The successes of our treatment programmes are based on the close links with in-patient services and allows our services to help vulnerable people who have less chance in areas without the support Nottingham's integrated services.

4. The loss of an in-patient service will mean the loss of experienced and trained staff with special skills that are very difficult to replace. In recent years most of the university degree courses in treating substance misuse have closed because of funding cuts. Doctors, nurses, psychologists and others who have benefitted from specialist training in universities are impossible to replace. If we have no in-patient service, the expertise will be lost.
5. Alcohol and drug problems will not go away because it is difficult or inconvenient to fund the services to provide help. Without appropriate treatment, people who need the help the most will find their way to other services which are not able to help but are called upon in an emergency. The police spend increasing time trying to deal with drug and alcohol misuse. Ambulances and A & E Departments already are overstretched and will find it difficult to respond appropriately. Social services will be less able to help families with children where parents have drug or alcohol problems. Pregnant women with very complex needs may have dangerous drug or alcohol problems are served by the Woodlands and will no longer have the specialist help they need. Recent research from Framework already shows the increase of drug and alcohol problems amongst the homeless. Their options for meaningful help will be reduced if no in-patient facilities are available.

In one way or another we will pay for the consequences of alcohol and drug problems. The only question is whether we will we pay for providing meaningful help, such as an appropriate in-patient services, or spend the money on emergency services who respond as best they can but cannot provide the necessary help.

The paper was prepared by Mr Graham Miller (Chief Executive Officer) and Dr Ira Unell (Chair of Trustees) of Double Impact.