

Non-fatal overdose pathway – the development



NHS

**North West
Ambulance Service**
NHS Trust

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Non-Fatal Overdose
Pathway Practitioner

Key areas of the pathway development



Creating the role and identifying the need



Identifying key internal connections to set up referral process



External mapping through local authorities



Plan Information sharing agreement



Our approach to making the referrals



Stigma and internal education



Working together



Reports – internal and external education



The reason for the pathway in the North West



A recognition of current concerns and an opportunity to provide a more efficient response for people at an increased risk of an overdose, after they have been treated following an overdose by an NWS clinician.

OHID, commissioners and NWS linked together in response to the emergence of synthetic opioids.

Inspiration from Scotland's NFO pathway and work carried out by EMAS' safeguarding team.

NWS then got the internal agreement to create the role within their mental health team. All commissioners came together to fund the role with Blackpool leading on this project.



Identifying Services and Increasing connections



All 24 commissioners were contacted to provide the suitable Drug Service in their local area. 22 Services 8 different organisations covering the region.

Contacts were provided from each service for future feedback and pathway development.

Identified 5 key contacts from a sub region perspective.

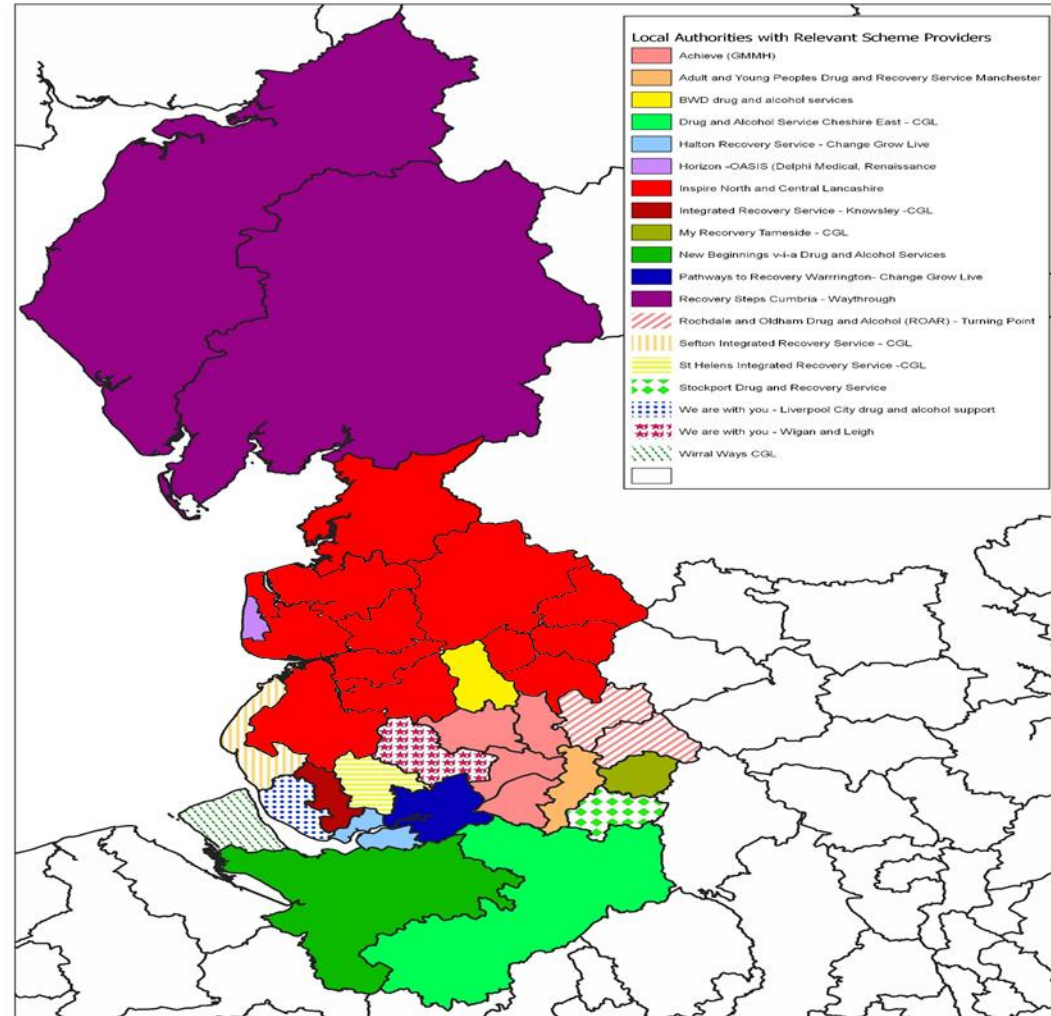
Knowsley council have supported in creating a map identifying each organisation in each area.



Service Map



Drug and Alcohol Recovery Services by Local Authority



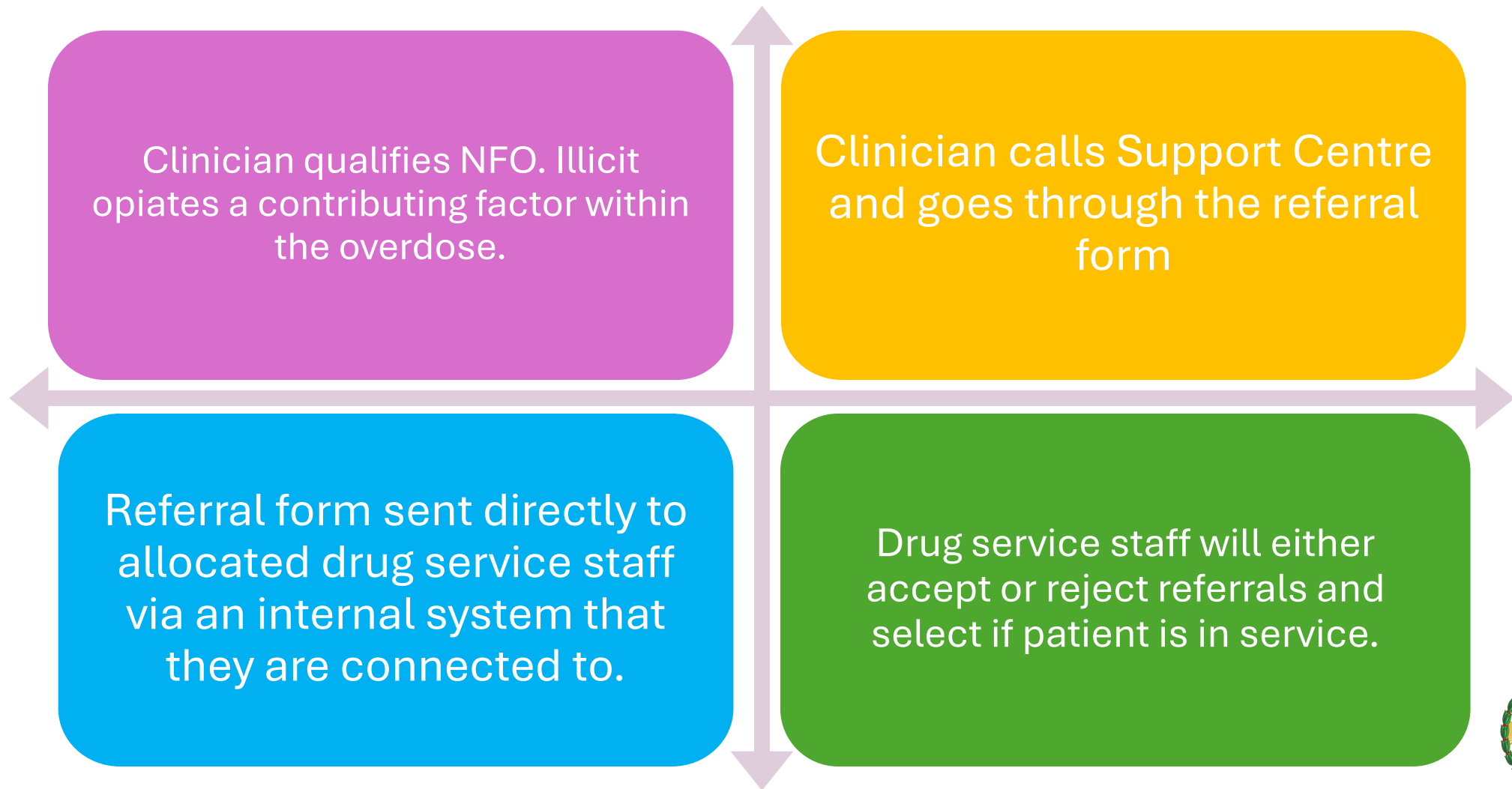
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Information Sharing Agreement



How we are making the referrals



Stigma and internal education



A recognition of institutional stigma and the potential barriers for the pathway. A need for an increased understanding to the concerns.

Liaising with key external partners, i.e. the police and Harry Sumnall's (LMJU) work on Stigma

Developing an education plan with a sole focus on identifying the concern/need but with the focus on stigma. Increased signposting/conversations.

Mandatory Undergraduate Comms Internal learning streams Etc.



Working together



OHID and commissioners –
Naloxone data
Steering group
Support from LA's

Drug services linking together
more closely on the ground
with ambulance services.

Scottish Ambulance Service
East Midlands Ambulance
Service
Merseyside Police

Providers input – CGL specifically
providing extra support



Reports, internal & external



Naloxone reports currently created from a wider viewpoint to identify any potential rises in specific locations

Reports from the referrals to be developed highlighting key demographics alongside details such as 'using alone' & 'Naloxone administered prior to clinician'.

Internal reporting will provide areas of improvement and pathway development, along with identifying vulnerable demographics.

External reporting will provide Public Health and all services with further information of the number of these incidents. It will enable more specific work to be implemented through local authorities.





North-West Ambulance Service Non-fatal overdose pathway

Paramedic attends an illicit opiate related overdose incident

If qualified as suitable: Referral will be sent to allocated drug alcohol services if illicit opiates are believed to be a contributing factor to the overdose:

NWAS Support team referrals – Cleric (referral) form to be created and clinical staff to qualify opiate related referral by calling in support centre and running through the created form. External staff connected to system.

Consent - following GDPR. Risk to life



Opiate related and naloxone data analysed

Reports created for internal and external use.

Pathway Growth and development

Increased connection with drug services

Stigma awareness – Institutional stigma

Internal Education/Knowledge increase Plan

For discussions around the pathway, the key North-West Ambulance Service contact is:

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