#### Practice based/ Service Delivery Abstract Template

Submissions must not exceed 300 words (excluding title & authors), an extra 50 words are given **only** to submissions who answer the optional point. The document **must not** be password protected or saved as read only as this may result in your abstract failing to upload successfully. Use Arial 11 point type only. Please structure your submission using the subheadings below. If the abstract does not fit the headings, please put full abstract beneath introduction and we will remove the headings once submitted.

# Public Drug & Alcohol Services and Non-Government Organisations filling each other's gaps for the benefit of patients.

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**Background:** Due to the shortage of General Practitioners in NSW, particularly those who choose to work with patients with alcohol and other drug (AoD) problems, there has been a strain on Drug & Alcohol (D&A) Services at all levels. In particular, Non-Government Organisations (NGOs) have had difficulty obtaining medical services for their residential programs, creating difficulties in admitting patients for withdrawal management.

For public D&A Services providing care to hospital inpatients, there can be difficulties transferring patients directly to a residential treatment program. This often requires follow-up post-discharge, which delays the process, and may impact negatively on the patient and their willingness to access treatment.

**Description of Model of Care/Intervention:** South Eastern Sydney Local Health District D&A Service developed an agreement with The Salvation Army, to provide an in-kind medical clinic at William Booth House. This includes; assessment, treatment planning and review of patients entering the residential withdrawal management program, and review of patients in the rehabilitation program.

As part of the agreement, the NGO accepts transfer of hospital in-patients who received treatment for AoD withdrawal. Patients are transferred to the residential program to complete the withdrawal and/or to commence the rehabilitation program. As a result, hospital beds are freed up sooner and patients are not required to undertake another process, with potential delays in accessing the residential program.

**Effectiveness/Acceptability/Implementation:** During the pilot stage, processes were reviewed and adapted to ensure the most efficient and effective model of care was developed.

To date, there has been improved access and pathways to treatment for patients seeking residential services for AoD issues.

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**Conclusion and Next Steps:** The evaluation results have informed the future arrangements and model of care, and potentially will lead to consideration of similar arrangements with other organisations.

Evaluation findings and key learnings will be presented and discussed.

**Implications for Practice or Policy** (*optional*): Specialist publicly funded Drug & Alcohol Services and NGOs can work effectively together to fill service gaps, increase capacity and improve the patient experience through an easily accessible and streamlined process for patients to continue treatment.

### **Disclosure of Interest Statement:**

There are no identified conflicts of interest and no grants were received in the development and evaluation of this service.