

Organisation:

SFAD – My Family My Rights

Key Rights Applied:

All of the rights within the Charter are applied at different times dependent on the client's situation and circumstances.

Background & Context:

My Family, My Rights (MFMR) is a development programme which aims to support families across Scotland who are impacted by a loved one's substance use. The programme recognises that substance use often co-exists with a range of complex issues, including physical and mental health challenges, bereavement, housing concerns, access to treatment services, and family or relationship difficulties.

MFMR includes:

- A 1:1 self-advocacy support service
- A 7-week self-advocacy course, delivered twice annually

A key focus of the programme is supporting families to navigate formal complaints processes, particularly in relation to statutory services. The course has a designated section to focus on promoting the Charter and the rights contained within. The aim of this is to empower the course participants with knowledge and build on their confidence to challenge poor practice and uphold their own/or loved one's rights.

Use of the Charter Toolkit:

FAIR model.

Results to date:

- Clients find the Charter of Rights really useful in advocacy, often this is because they are already aware there are rights but can struggle to know exactly what they are or how to apply them.
- The Charter is a really useful resource for the individuals supported. It feels accessible, easy to understand and families/carers find it refreshing that the Charter includes them throughout, instead of just focusing on the individual directly impacted by substance use.

Lessons Learned:

- *'Knowledge is power'* is the motto of MFMR and when families/carers have improved knowledge, it then empowers and builds on their confidence to speak up. This in turn can improve outcomes for their loved ones.
- Families/carers feel more included when the role they play in their loved one's lives are acknowledged and not dismissed. This is a positive change from times gone by and is a positive step in supporting EVERYONE whose lives have been touched in some way by addiction.

Recommendations for Others:

- Familiarise yourself with the Charter and its rights, it is grounded in the Human Rights Act and supported by legislation.
- Use the Charter to hold services and professionals accountable where rights are not upheld.

- Make use of the Toolkit and supporting resources to guide next steps and identify sources of support.
- Remember that everyone has the right to be treated with dignity, fairness, and respect, whether directly or indirectly affected by substance use.

CASE STUDY - BRIAN

Brian has been diagnosed with clinical depression, schizophrenia, and substance use disorder. He has had suicide attempts in the past and has had several near fatal overdoses.

Brian was on a methadone prescription which he had been doing well on and seemed to be providing some stability and routine to his life. However, there was recently an incident at his local pharmacy where a group had been threatening staff, and he was accused of being involved. He has denied any involvement but has since been banned from the Pharmacy. Brian lives in a very small rural area and there is only one local pharmacy. There has been nothing put in place to ensure he can resume his methadone prescription elsewhere. This has led Brian to start using heroin and street benzos again, and life has become increasingly chaotic. He had a near fatal overdose 2 nights ago.

Brian went to the GP for further support, and he felt the GP completely dismissed his concerns and told him that he would see if he could arrange some other way to receive his methadone but gave no time limit. The GP also said that Brian needs to stop using street drugs but gave no further advice or support. Brian left the appointment feeling extremely hopeless.

FAIR MODEL COMPLAINT EXAMPLE:

FACTS

What are the facts and concerns in this situation?

Brian was dismissed completely by the pharmacy and the GP - his right to access treatment has been stopped without warning and without a route to resume treatment. Brian's mental health and circumstances have been negatively affected since his prescription was stopped. He is at high risk of physical and mental harm which could prove fatal. There have been many areas of negligence, service failure, and further failure to uphold professional duty of care.

ANALYSIS

Looking at rights or relevant charters/legislation and professional codes of conduct that may have been breached in this case

HUMAN RIGHTS ACT

ARTICLE 2: Right to life being breached. Brian has had earlier suicide attempts, multiple, near fatal overdoses and his mental health is declining rapidly. The risk to his life is great and this is further amplified by him transitioning from a methadone prescription back to using street drugs suddenly.

CHARTER OF RIGHTS FOR PEOPLE AFFECTED BY SUBSTANCE USE

Right to life: Duty bearers should take steps to increase the life expectancy of people who use substances and when involved in the care of people affected by substances should take steps to reduce risk of premature death, including identifying and responding to the risks of overdose. Focus should be given to people who may have left residential, justice and inpatient settings, as well as those who have stopped attending treatment services and people who have just experienced a near-fatal overdose.

Right to the highest attainable standard of physical and mental health: The purpose of the Medication Assisted Treatment standards is to improve access to treatment and enable people to make an informed choice about their care. The work that services are doing to embed the MAT standards is therefore part of realising the right to health.

MAT STANDARDS:

STANDARD 1: All people accessing services have the right to start MAT from same day of presentation.

STANDARD 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

STANDARD MAT 5: All people will receive support to remain in treatment for as long as requested.

STANDARD MAT 9: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

NHS PATIENTS CHARTER OF RIGHTS AND RESPONSIBILITIES

Accessing and using NHS Services in Scotland: I have the right to safe, effective, person-centred and sustainable care and treatment that is provided at the right time, in the right place, and by the most appropriate person. I have the right to be treated with respect and not to experience discrimination. I will be treated fairly and equally and will not be discriminated against, whatever my health needs and wherever I live in Scotland. I have the right to be treated with consideration, dignity and respect when accessing and using NHS services. My carers, family members and NHS staff also have this right.

Communication and involving you: I have the right to be informed about and involved in decisions about healthcare and health services. I have the right to clear and open communication about my care and treatment from NHS staff. I have the right to receive adequate information about the care and treatment available to me, including what it will involve, whether it is really needed, what are the risks, benefits, side effects and alternative options, and what might happen if I choose not to have treatment.

EQUALITIES ACT as Brian has a protected characteristic of disability due to his ADHD and clinical depression, the lack of treatment/care/negligence could be perceived as discrimination.

GENERAL PHARMACEUTICAL COUNCIL STANDARDS

The way in which pharmacy services, including the management of medicines and medical devices, are delivered, safeguards the health, safety and wellbeing of patients and the public.

- 4.1 The pharmacy services provided are accessible to patients and the public
- 4.2 Pharmacy services are managed and delivered safely and effectively

IDENTIFY RESPONSIBILITIES

Who handles investigation of this complaint and where should it be directed to?

Local NHS board would be responsible to investigate these concerns since the complaint is concerning local GP and prescriber who have a duty of care to ensure that someone is supported in a person-centred way to receive immediate access to MAT and aims to reduce drug-related deaths (This is supported by the MAT Standards).

This complaint would be directed to the relevant health board using their complaints process information.

REVIEW

What does the complainant want to see as a result of this complaint?

For example: formal apology, immediate action to improve service, staff training, disciplinary action for specific staff members, compensation.