

Thank you to all those that joined us at our first information sharing session.

**Some of the key points discussed included:**



- The new unit will have nine beds
- It will be in Fareham, Hampshire
- We will continue to work with commissioners and key stakeholders to establish and strengthen pathways
- The unit will help to meet the demand across the area, but acknowledge that demand may still exceed supply.
- The creation of this unit means, along with the experienced staff team recruited to work together it will develop as we move forward.

### Specific Questions and Answers...

Bridge House has provided us an excellent service. How will the new unit compare in terms of the model with Bridge House?	The new unit aims to build towards a similar offer to that of Bridge House and Acer unit
What will be the local NHS backup for acute and/or psychiatric problems?	We are developing links with local services as part of our set up.
What about spice, GBL etc. Will detox be offered for these?	We intend to offer detoxification for a full range of substances. This will be built up gradually as the unit becomes established.
People often like open space and exercise facilities during later detoxification. Is there space for these activities?	There is an outdoor garden and yard and we aim to ensure that there are opportunities for exercise and diversional activities as part of the programme.
Out of interest, who is the consultant? Perhaps not yet identified	We are looking to appoint a Consultant Addiction Psychiatrist and will share this information when we have done so. Dr Georges PetitJean is the Medical Lead for Inclusion and he will be involved in supporting this role.
Assessment of alcoholic brain damage post detoxification very helpful - neuropsychiatrist and/or neuropsychologist?	We are keen to develop pathways to support this.
CQC registration?	The unit will be CQC registered.
How will people travel to the unit? Some places have an escorted travel facility which is very helpful in certain cases.	It will be the responsibility of the referring agency to facilitate transport to the unit. We will be happy to offer advice in regard to options.

Alcohol detoxification - symptom triggered or fixed regimen?	The unit will have a balance of standard regimen supported by a symptom triggered review process.
Any plans around overnight and weekend medical cover?	This will be in place.
What are the bed allocations?	This will be shared by local commissioners.
Will flexibility be offered in terms of length of stay? E.g. admission for OST dose stabilisation over ~ 3 days, rather than taking a fixed number of days.	Length of admission will be based on service user need.