

Addaction Staff Survey

Wigan & Leigh

Autumn 2019

FINAL REPORT

An electronic survey was circulated amongst Addaction staff in Wigan and Leigh on Thursday 17 October via a WhatsApp group. A reminder was sent by the same means on Friday 25 October and by email on 30 October 2019. Thirty staff have completed the survey.

(1) Comparing Addaction staff views of the service and their employment with those of NHS staff

The responses to survey questions of Addaction staff in Wigan and Leigh can be compared with those of NHS staff in the 2018 NHS staff survey. In the table below, the results for the Greater Manchester Mental Health Trust (GMMH) have been presented alongside those at Addaction, as the GM West Trust that previously provided the service is now part of GMMH. The results for 'All Trusts' reflect the answers of over 470,000 NHS workers in England, and over 2,000 GMMH staff responded to the survey. Results are expressed as percentages.

Table 1.1		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) Care of service users is my organisation's top priority	Addaction	26.7	40	13.3	13.3	6.7
	GMMH	4	9	16	45	25
	All Trusts	3	7	15	48	28
b) My organisation acts on concerns raised by service users	Addaction	10	43.3	30	10	6.7
	GMMH	3	5	21	49	23
	All Trusts	2	3	22	52	21
c) I would recommend my organisation as a place to work	Addaction	53.3	16.7	10	13.3	6.7
	GMMH	8	11	22	41	18
	All Trusts	5	10	24	42	19
d) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	Addaction	33.3	36.7	10	13.3	6.7
	GMMH	6	8	24	44	18
	All Trusts	3	6	21	49	22

Table 1.1 shows that Addaction staff have strong concerns about the organisation they work for and the service provided.

Workers in NHS organisations overwhelmingly agree that their top priority is care of service users (76%), but in Addaction in Wigan and Leigh the figure is only 20% (6 out of 30 respondents).

Whereas 71% of NHS staff would be happy with the care their organisation provides for a friend or relative, only 20% of Addaction workers feel this way. 70% of the Addaction workers in Wigan and Leigh would not be happy with the service for a relative or friend.

In the context of the ongoing dispute, it is perhaps not surprising that 70% of Addaction workers would not recommend Addaction as an employer, compared to just 15% of all NHS workers.

Table 1.2		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) I am able to meet all the conflicting demands on my time at work	Addaction	40	36.7	3.3	10	10
	GMMH	10	25	21	35	9
	All Trusts	7	23	25	37	8
b) I have adequate materials, supplies and equipment to do my work	Addaction	23.3	33.3	20	16.7	6.7
	GMMH	9	18	18	43	12
	All Trusts	6	19	20	44	11
c) There are enough staff at this organisation for me to do my job properly	Addaction	70	6.7	3.3	13.3	6.7
	GMMH	21	28	21	24	6
	All Trusts	16	30	22	26	6

Table 1.2 shows that Addaction staff have strong concerns about the lack of resources at work – particularly a shortage of staff. A very high 70% of Addaction staff strongly disagreed that the charity has enough staff. Understaffing is an issue in NHS organisations too, but the corresponding figure is far lower at GMMH (21%) and across all trusts (16%). The view that insufficient staffing levels are a very significant problem at Addaction is also evident in staff comments in their survey responses:

Staff comments on workload and staffing

“The service is running on the good will of the staff going above and beyond.”

“There simply are not enough staff to provide the services that Addaction have promised, as part of this contract... Staff [are]... working at dangerous and unsustainable levels.”

“Lack of staff and large case loads prevents assessment within 48hours. Very difficult to get a medic appointment in most cases they have to wait weeks or months.”

“Wigan and Leigh drug and alcohol service is running on skeleton staff due to job vacancies and staff sickness. Workers get pulled to cover this at the detriment of being able to give time to their allocated clients.”

“Not enough staff. Dangerous.”

(2) Questions on improvement, pay and recruitment/training

From discussions with members, it was apparent that issues around pay and recruitment and training were of importance to some staff, so some questions were asked (that are not in the NHS survey) to obtain some data on these issues.

Table 2	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) The quality of service provided has improved over the past 12 months	66.7	16.7	3.3	6.7	6.7
b) The pay structures at Addaction are fair	80	6.7	3.3	6.7	3.3
c) New starters at Addaction have the experience needed to provide a good service	50	20	16.7	6.7	6.7
d) New starters at Addaction are given the training and support needed to provide a good service	36.7	43.3	10	3.3	6.7

Over 80% of the respondents view the service as being in decline over the past year.

80% of respondents strongly disagreed that the pay structures are fair. Nearly all the respondents are from the group who have been TUPE-transferred from the NHS.

Respondents had a slightly less strong response on the questions about the experience and training for new starters. The longer responses provided to survey questions show that staff have wider concerns about the way that the problems of pay structure, recruitment and workload interact to cause problems for the service:

Staff comments on recruitment and retention

“Recruitment of experienced managers is difficult due to low salaries offered compared to NHS. Retention of staff is difficult due to low pay, no pay progression and low pay being further eroded by inflation. Recruitment of experienced recovery workers is seldom possible due to low salary...”

“More and more people working on Addactions terrible pay scheme will be leaving by their droves soon. Pay people a fair wage or go.”

“Staff that have left haven't been replaced and any new employees that come into the service don't seem to last very long and look for other work. I don't think we should be having temporary or zero contract hours staff with the complex cases we have to manage!”

“...due to pressure of workload and staff sickness [new staff] are often given caseloads of clients to manage before any formal training has been provided.”

“Support for clients has diminished due to lack of appropriate staff number. No longer employ consultants or psychologist.”

(3) The Wigan Council service specification

Table 3	Yes	No	Don't Know
Timescales (9.3.2): Does the Addaction service always deliver an “initial assessment appointment within 48 hours of referral”, and a “treatment start preferably within a week and no later than the national target of 3 weeks”?	13.3	66.7	20
Prevention (8.1.2): Does the Addaction service “contribute to the development of accurate and accessible information and advice resources and make them available to the whole community”?	16.7	30	53.3
Specialist Prescribing (8.3.2): Does the Addaction service “actively work towards progressing recovery and limiting the use of long-term maintenance prescribing where possible”?	23.3	60	16.7
Asset based (5): Does the Addaction service “deliver a person-centred approach, which recognises, values and helps to build an individual's strength and skills”?	26.7	63.3	10

Four questions were asked that quoted sections of the Council's service specification and asked staff if the Addaction service is meeting these requirements.

On timescales, two-thirds of respondents reported that the service was not always delivering initial assessments and treatment within the required timescale.

Staff comment on timescales

“Waiting times are atrocious. [The] service is not delivering anywhere near the quality that it did under NHS. Service users are admitting themselves to hospital whichever way possible as they get on a prescription quicker. [There are] too many restrictions to prescribing as they only employ nurses with prescribing qualification therefore a lot cheaper.”

On prescribing, three-fifths said the Addaction service was failing to “actively work towards progressing recovery and limiting the use of long-term maintenance prescribing where possible”. Respondents raised concerns about the service not being adequately resourced to provide psychosocial interventions and instead becoming a ‘script and go’ service.

Staff comment on prescribing / skills

“The service uses nurse prescribers rather than doctors. Nurse prescribers earn significantly less than a doctor. Clients have to be seen more frequently by a prescriber than by a doctor and therefore add to the workload.”

Wider concerns about Addaction’s management of the service were raised in the survey responses:

Staff concerns about the Addaction-run service

“[Management’s] focus is on targets and manipulating these.”

“The whole service is a mess and needs a good shake up or even better handing over the contract to a drug and alcohol organisation that knows what they’re doing.”

“Poorly run and managed. Not interested in the staff, not sure that they are genuinely interested in the clients it’s all lip service. They talk support for staff but in my experience there is no substance to it.”

“[I] am so sad the way things are at current. I cannot do the job I did when working within the NHS. **It’s very sad. We have lost a good, vital service.**”

(4) The impact of strike action

Addaction workers who were formerly employed by the NHS are in dispute over non-payment of the Agenda for Change pay rise 2018-21. They have so far taken eleven days of strike action between August and November 2019.

In the survey responses, some staff reported that the strike is having little effect on the service and that it is increasing the workload pressure on striking staff on their return to work. Some staff did raise concerns though about the impact of the strikes on service users. As well as causing delays in assessments and treatment, the impact seems to be felt in two main ways:

- the tendency for the Addaction service just to provide 'scripts' without meaningful contact with a support worker is accentuated during strike periods.

- service user groups are either being cancelled or run by 'recovery champions' who ordinarily would play a support role to a trained member of staff.

Staff comments on the impact of the strike action to date

"Duty contact with prescribed opiate clients involves "script and go", characterised by extremely brief five minute contacts that don't offer any psychosocial intervention or even vital harm reduction. This is potentially dangerous and as far below evidence based optimum treatment as possible."

"Service users... just get the basics i.e. picking up scripts."

"Impacted on service users due to not being seen for appointments whilst worker on strike. Cancelled groups for service users."

"Recovery champion staff (staff in recovery themselves) facilitate service user groups."

(5) UNISON concerns

Through speaking extensively with Addaction staff and now with this survey evidence, UNISON is concerned that the drug and alcohol rehabilitation service is not delivering for vulnerable service users in Wigan and Leigh.

We have been aware for some time that our members are unhappy with their treatment as employees, but it is also clear that there are real problems that limit their ability to provide quality support for service users.

The Council should be concerned that it is not getting the level of psychosocial intervention that it is commissioning or an asset-based approach. Instead this is too often just a 'script-and-go' service, causing worry and stress for staff and potential danger for service users.