

Taking a DAS trip

What happens when psychiatrists and purchasers do drugs together

The Drugs Advisory Service (DAS) was established in 1986 under the auspices of the Health Advisory Service (HAS), as a specialist body to review services for substance misusers and, more recently, to advise purchasers and providers. DAS teams scour the country, evaluating service provision on the local level. While their reports (formally made to the Secretary of State) are given as 'advice', a service review is not, however, optional. Whenever it is noticed that your district hasn't jumped through a particular hoop for a while, a team descends.

DAS teams are put together on a temporary, *ad hoc* basis. Invitations to join one either come through a network of past team members and HAS/DAS contacts or through the post, in the form of an unsolicited letter of introduction. Once 'on the books' you can either refuse the invitation or steel yourself to ask your employer for a two week secondment. It is not that difficult though, as the DAS does reimburse the cost of your salary.

Maintaining credibility in the post-'Working for Patients' world has led to the inclusion of health authority staff (read, 'purchasers') in the visiting teams, alongside consultant psychiatrists, someone from social services, someone from a non-statutory agency and, more often than not, an appropriate nurse (read, 'providers').

The inclusion of purchasers is a positive step for health authorities (both the 'inspected' authority and the authority from which the 'inspector' originates), not least because it is the visited health authority which is charged with the responsibility of publicising the report and translating its recommendations into commissioning and contractual reality. More recently, responding to an offer of a 'training experience' advertised in the Psychiatric Bulletin, senior registrars in psychiatry have been seconded to visiting teams. Let's just say that work colleagues greeted *this* senior registrar's application for secondment with a fair amount of healthy scepticism.

You may get scared when a team from the Drug Advisory Service decides to pay you a call. But how do the members of the team feel?

Our DAS, your DAS

The team we were in was to spend eight days 'on-site' and a further four producing our final report (although whether it is *the* final report is another matter). Shortly before our journey began, two huge bags of documents on drug misuse landed on our doorstep – anything written by anyone anywhere near the projects we were to evaluate.

Going through these papers at a pre-visit briefing meeting, the team came up with a list of places to visit. By the end of this process, 19 visits and two feedback sessions had been planned – plus an invite to everyone we were to meet to contact the team either in confidence or out of hours (you'd be surprised how many do, simply because many workers are too busy during a visit to really give the team much time).

How was it for you dear?

The days that we spent visiting services and projects flew by, and yet a huge amount was learnt in them.

The purchaser From the purchaser's viewpoint the DAS experience was a breath of fresh air. Seeing services face-to-face, and meeting people who had different perspectives on treatment and service provision, produced a quiet and stealthy transformation from some rather 'woolly' thinking to markedly clearer understanding on a range of subjects. The implications of maintenance policies and the confirmation of the value of needle exchanges were among these issues, as was the simple fact of seeing with your own eyes the mess that lives can get into.

Persuasive and plausible arguments from other team members coupled with the changes apparently needed on the ground, confirmed the belief that the purchaser/provider split *is* appropriate to substance misuse services. Unlike grant-giving mechanisms, it offers a clearly defined set of levers, though the effectiveness of these clearly depends on the quality of local

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SUMMARY

Last year, both authors took part in a Drug Advisory Service evaluation of drug projects. They found the process highly educational, as they learnt about 'how the other half lives'. Far from being an exercise in bureaucracy, the review showed up the areas of tension and of common ground between their two professions – psychiatry and the purchasing of services.