

Health, Integration and Commissioning Select Committee

DATE: 8 March 2019

Purpose of report:

In July 2018, Surrey County Council implemented changes to the commissioning of Substance Misuse treatment following a review of these services.

Following engagement with service users, stakeholders and clinicians the commissioner and the service provider removed inpatient detox beds replacing these with enhanced provision in the community.

Introduction

Each year approximately 3,000 people in Surrey seek support and treatment for alcohol and drug misuse. Their needs are primarily the dependent use of opiates (heroin), alcohol addiction and problematic use of other drugs. Access to treatment is available to those with complex needs i.e. coexisting mental health and substance misuse conditions, severe multiple disadvantage and safeguarding. This group may have less severe substance misuse issues but still require structured case management.

Over the last 2 Years Surrey County Council Public Health have carried out a variety of events forming part of a wider needs assessment for substance misuse provision. A wider needs assessment¹² has been used to inform the delivery of services from April 2018. The primary aim has been to ensure that post April 2018 a stable and high-quality substance misuse treatment system is maintained within a reduced financial envelope.

Surrey's substance misuse treatment system is evidence based and accessible. It performs well in a number of national indicators including the successful completion of drug treatment and recovery outcomes for the individuals who access services.³

The needs assessment identified where elements of service delivery could be improved, whilst making the necessary financial savings, through the integration of adult provision. This provision includes:

- Tier 2 – Low threshold substance misuse specialist interventions i.e. provision of substance misuse-related information and advice, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare.
- Tier 3 - Care planned interventions including substitute prescribing i.e. methadone in opiate dependency, psychosocial interventions and recovery support, often provided in groups or 1 to 1 sessions with a specialist keyworker.

¹ [Substance Misuse JSNA](#)

² [Substance Misuse Recovery Needs Assessment – Nov 2016](#)

³ Measuring treatment success; **Sources/background papers 4.**

- Tier 4 – Access to inpatient detoxification (see sections 2 and 3 below).
- Recovery support - includes self-help and mutual aid i.e. Alcoholics Anonymous, Narcotics Anonymous and SMART recovery, developing or reconnecting with social activities or pastimes, and education or training and employment.
- Treatment as part of Community sentences made by Courts; Drug Rehabilitation Requirements and Alcohol Treatment Requirements, Where the individual’s community sentence includes agreed compliance with drug and / or alcohol misuse treatment, typically lasting between 6 months and 3 years.

Surrey County Council, following a period of consultation, decided to extend the current substance misuse treatment contract for Tiers 3 and 4 with Surrey and Borders Partnership modifying the contract to include Tier 2. Surrey and Borders with Catalyst now provide adult substance misuse treatment under the service name i-access. This enables Surrey County Council to ensure the commissioned provision of an integrated substance misuse treatment system with seamless and safe pathways within the allocated budget envelope. i-access provides treatment for dependency or substance misuse with complex need .It includes pathways for those in the Criminal Justice System.

Prior to the integration adult substance misuse treatment was commissioned to be delivered by four primary providers each with settings or locations often exclusive to their element of treatment. The integration to one provider has improved access to treatment through the use of a single point of access, whilst maintaining three primary hubs and 29 satellite clinics across Surrey.

<https://www.surreydrugandalcohol.com/>

The Integration of Adult Substance Misuse Treatment was informed and benefited from the lessons learned as part of the Integration of Sexual Health and HIV services in Surrey.

1. Background:

1.1 Conditions of the public health grant require each upper tier local authority to “...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services...” In practice this requires local authorities to commission an evidence based and accessible treatment system which comprises of **drug and alcohol treatment (including preventative and harm reduction approaches), effective pathways for those in the criminal justice system and recovery services.**

1.2 The Surrey County Council public health budget is under considerable pressure from a combination of below-target funding and national cuts to the public health grant. Ultimately, this means that by 2019/20, the overall budget available to spend on core public health programmes will be 30% less than it was at the start of 2015/16. In order to achieve this, the substance misuse treatment budget has been reduced by 24%. A collaborative co-design approach has allowed a Programme Board consisting of experts, clinicians and commissioners from Public Health Surrey County Council, Surrey and Borders Partnership Foundation Trust, Catalyst, and

support from engagement with key partners including Clinical Commissioning Groups and the Criminal Justice System, to flex this limited resource to meet changes in demand for services.

1.3 The objective of the Programme Board is to maintain a stable and high-quality substance misuse treatment system that provides the capacity to meet the needs of Surrey's residents. Based on the needs assessment and to minimise disruption to the recovery journeys of service users, the decision was made to extend the provision of Substance Misuse treatment (Tiers 3 and 4) within the current terms of the contract and to modify that contract to include Tier 2. This has enabled Surrey County Council to commission an integrated substance misuse service with seamless and safe pathways that mitigate the impact of the reduced financial envelope available for these services.

1.4 To ensure the most effective deployment of the contract budget in meeting the needs of Surrey residents open book accounting was welcomed and established between Public Health and SaBP. This transparency and co-operation has been crucial in managing the emerging pressures which are discussed further in section 5.

2. Planning the detoxification element of treatment:

2.1 From 1st July 2018, we implemented changes to how drug and alcohol detoxification is provided in Surrey. We moved inpatient services out of the existing facility (Windmill House) and provided a greater range of treatment options in the community. Access to inpatient services if required is offered out of county.

We want to make sure Surrey residents have access to high quality, evidence based care and support which considers both individual care and assessed needs and people's personal wishes and aspirations.

2.2 Who might be affected?

In the region of 3,000 people benefit from substance misuse treatment services in Surrey: of these, approximately 150 accessed inpatient detoxification at Windmill House each year. It is these individuals who are directly affected. Their families, friends and carers might also be affected.

2.3 Detoxification from alcohol and drugs is an important part of most people's treatment journey. It is part of a package of support which is tailored according to a person's individual needs. Drug and alcohol treatment programmes in Surrey prepare people carefully for their detoxification and provide **talking therapies**, either individually or in groups, to prevent relapse. i-access has a well-established and researched **abstinence preparation group** programme for people who are drinking in a dependent pattern. Where individuals are not suited to the abstinence preparation group one-to-one sessions are offered.

People who are dependent on drugs are prepared for detoxification through individual sessions with their keyworker.

All people accessing treatment are encouraged to attend groups such as **SMART Recovery** and Fellowship groups such as **Alcoholics Anonymous or Narcotics Anonymous**.

2.4 Why did we transform detoxification services in Surrey?

The timing of the transformation of detoxification services was based on a number of factors:

- The Public Health budget for substance misuse services was reduced by 24% from April 2018
- Windmill House, which provides inpatient treatment, was a fixed structure which requires a significant proportion of the substance misuse budget
- Windmill House was situated on land at St Peter's Hospital in Chertsey that was to be sold in 2018. The significant reduction in funding available for substance misuse treatment services in Surrey means it is not possible to relocate Windmill House
- There is an opportunity to provide more detoxification options in the community therefore allowing for greater patient choice

Therefore, Public Health and SABP in partnership with clinicians and expertise from across **Clinical Commissioning Groups** and Adult Social Care reviewed the options for delivery of this service to ensure it is proportionate, appropriate and flexible to the needs of Surrey residents.

The aim of the review was to find an option that offers choices appropriate to need, that are safe, within the budget available and ensure the whole treatment system can meet local needs currently and in the future.

3. Meeting the detoxification needs:

What is the new model of detoxification in Surrey?

3.1 Ambulatory Detoxification from drug or alcohol dependence

This Ambulatory service is staffed Monday to Friday. The person attends a clinic every week day morning. People detoxifying from alcohol receive their detoxification medication, which is administered by a qualified nurse. They are given their night time dose as take away medication.

People detoxifying from drugs are dispensed their medication from their identified community pharmacy.

Programme participants attend a support group run by a trained group facilitator. If necessary, a nurse gives additional medication according to the person's individual need. The programme finishes at lunchtime; lunch is provided and starts again the following weekday morning. Most alcohol detoxification programmes will last between five to ten days and people are given medication for the weekend.

Drug detoxification programmes vary according to the person's individual needs, but those who need additional support will be invited to attend the ambulatory detoxification programme for the final two weeks of their reduction regime.

This service is available at two clinic locations in Surrey: Farnham Road Hospital in Guildford and Wingfield Resource Centre in Redhill.

Where a person's journey to the service is challenging i-access have provided additional transport often this is the use of a taxi.

3.2 Home Detoxification from alcohol dependence

Home detoxification lasts between five to ten days. A person receives daily home visits lasting around an hour, from a qualified nurse who supervises, monitors progress, supports and carries out regular health checks.

3.3 Community Detoxification from drug dependence

Community detoxification is provided according to a person's needs. The person will be supervised, monitored and supported during frequent appointments with a qualified worker at one of our service locations.

3.4 Access to residential/inpatient detoxification

Inpatient detoxification from drug or alcohol dependence is offered to people who have **complex needs** and for whom a home or ambulatory detoxification is not appropriate and/or safe.

The location will be reviewed with the individual and will be outside of Surrey. The individual is supported to access treatment and provided with a care package which supports a smooth transition back to Surrey.

SABP has sourced an appropriate NHS provider; Bridge House at Fant Oast. We have ensured the organisation that provides this service is of the highest quality and meets the standards expected by the **Care Quality Commission**, with minimum standards of 'good'⁴.

3.5 Delivery of the new detoxification model

Following the introduction of the new model for detoxification on 1st July 2018, 52 individuals have undertaken an ambulatory detoxification, an additional nine attended the intensive recovery group as part of the ambulatory programme, one person has had a home detoxification and two people have attended an inpatient detoxification at an out of county facility in each of these cases in Kent.

Of these 64 individuals, 13 were previously unknown to i-access, their treatment was transferred from one of the Acute hospitals to the i-access ambulatory detox service.

⁴ [Bridge House at Fant Oast, Kent and Medway NHS and Social Care Partnership Trust. Care Quality Commission Report](#)

Transfer from these hospitals to i-access is an innovative approach which has improved access to specialist treatment in Surrey. This arose and developed from the detoxification public consultation conducted between March and May in 2018.

Each month the number of people attending ambulatory detoxification has increased, we acknowledge that the changes in the model took place over a short 3 month period, to avoid confusion i-access have continued to discuss and promote the changes to detoxification with individuals and groups who use the service and with key partners particularly referrers i.e. Primary Care, Adult Social Care and Children Families and Learning.

3.6 Service user feedback

i-access seeks feedback throughout an individual's treatment journey and provides a summary to Public Health on a quarterly basis.

People who have used the detoxification options since July rated their experience as positive and would recommend the service to friends and family.

They said:

- *"It was very therapeutic to talk through issues around addiction with experts and peers. The groups were intimate and caring, a place to be honest with yourself and others and learn"*
- *"Wouldn't have been able to "cross the line" without your support/help and friendliness"*
- *"Very grateful for taxi to and from i-access. I have learned a lot from the tutor and others in the group. Not only positive but motivational and inspirational – it has given me hope"*

Following the open meetings held as part of the detoxification public consultation in 2018 i-access are planning an open meeting to be held twice a year, The first is scheduled for Spelthorne in March 2019 and will discuss substance misuse treatment including detoxification and recovery.

3.7 Detoxification evaluation

There is a Drug and Alcohol Detoxification Service Evaluation to identify the impacts of the change in the detoxification service model including the following points: referral, accessibility, impacts on other services, outcomes for individuals who use the detoxification service and acceptability of the new model to services users and partner organisations. The evaluation which begun in July 2018 is being undertaken by a Public Health Speciality Registrar and is scheduled to be published in August 2019.

4. Risks and mitigations:

4.1 Public Health are committed to a co-design approach to support the provider partners to be innovative in exploring new delivery options whilst ensuring that traditional methods are used for those who require them.

4.2 The integration of the tiers 2, 3 & 4 substance misuse treatment has primarily eased access to treatment⁵, strengthened care pathways and improved outcomes for service users. We do however acknowledge that the mobilisation of the service under the budget challenges could have resulted in possible risk to the stability of the system; we therefore chose a model of co-design, undertaken with specialist providers to continue to ensure and build on stability.

4.3 It is a national requirement and a local quality expectation that treatment for substance misuse begins within 21 days following a referral although the average wait for Surrey is 14 days.

There has not been any identified negative impacts to health and social care partners as a result of the integration, however, the Public Health commissioning lead, the multi-agency Substance Misuse Programme Board and The Surrey Substance Misuse Partnership are available to resolve possible concerns that may arise.

4.4 Previous provision for in-patient complex needs detoxification (T4) was at Windmill House in Chertsey an 11 bed ward provided by SaBP.

Windmill House was closed in July 2018.

In the South-East region, there has been a move towards commissioning “spot purchase” of in-patient provision. There has been a number of closures of NHS in-patient facilities (Baytrees Hampshire and Matt Gladd Centre CNWL) resulting in a reduction and limited provision in the region. The process of procuring an integrated service will need to ensure ongoing accessible provision of good quality Tier 4 services for Surrey residents.

4.4 A Programme Board has been developed to ensure that those with related specialist knowledge and expertise are able engage in the development of the specification and the service. The Terms of Reference are developed and accountability sits with the Public Health Leadership team, SaBP Leadership and the Catalyst Board of Trustees.

5. Emerging pressures:

5.1 Cost pressures

⁵ Treatment locations 2019; Sources/background papers 3.

Since March 2018 a pharmaceutical “price concession” has been applied each month to the cost of an opiate substitute therapy (OST) medicine called Buprenorphine, this has resulted in a projected budget cost pressure of £220,000 at year end. As a result of the cost pressure some specialist posts, planned treatment and “wrap around” detoxification support has been deferred to mitigate against a negative impact to successful outcomes for service users.

The Programme Board has a monthly telephone conference to monitor and plan our response to the cost pressure, actions from the conference have included:

1. A review of national and local clinical guidelines and practice.
2. The transfer of some individuals where appropriate to other OST medication.
3. Introduction to the treatment programme of a newly available alternative OST medication.

In amendments to the NHS drug tariff (January 2019) the price of Buprenorphine has been removed from “price concession” and the price was increased in the tariff, in comparison to the stable price in February 2018 this represents a 702% cost increase, this means in “a worst case scenario” during 2019/20 that the i-access budget will have a cost pressure of £301,000; the cost pressure is based on comparative increase in the cost of Buprenorphine prescribed in February 2018 (£3,123) and January 2019 (£25,072).

On 13/02/2019 Professor John Newton wrote to Directors of Public Health with Buprenorphine advice from PHE detailing the move from price concession to tariff to category A and including the recommendation “It is vital that the new higher cost of medicines is considered by local authorities when setting their budgets and capacity targets for drug treatment. There should be an acceptance that previous budgets and capacity targets were based on lower medicines costs, and the recent increases should not be seen as a temporary situation only needing short-term management.”⁶

5.2 Access to treatment

The numbers of people accessing substance misuse treatment in Surrey, when comparing quarter 2 2016/17 and quarter 2 2018/19, has increased. Those presenting with an alcohol dependency increased by 71% (177) and with an opiate dependency 12% (21), there are also increases in “alcohol and non-opiate” and “non-opiate” presentation although the proportions of change are currently more difficult to identify.

6. How do we measure success:

⁶ Buprenorphine – advice from PHE, **Sources/background papers 2.**

As stated in 2.3 Detoxification from alcohol and drugs is an important part of most people's treatment journey and is part of a package of support which is tailored according to a person's individual need. i-access and Public Health, via a quarterly contract review with the oversight from the Programme Board, monitor access to, the quality and outcomes to all elements of people's treatment and recovery journeys.

Overall performance for adult substance misuse treatment can be distilled into 2 primary measures;

1. **Wait times: percentage of clients waiting over three weeks for their first intervention** – for Surrey this is predominantly 0%, although we are aware that 3 of the 415 people who were “new to treatment” at one hub in Surrey during the first 6 months of 2018/19 waited longer than 21 days.
2. **Successful completion of drug treatment (includes alcohol)** which measures those who leave treatment and don't re-present within six months – in Surrey for opiates and alcohol this is similar to comparator Local Authorities and non-opiates this is better. (Public Health Outcomes Framework 2.15)⁷

Conclusions:

1. The new detoxification model developed has responded effectively to the presenting need, the model has broadened routes of access for those not in contact with specialist treatment (i-access) in the use of a care coordinated pathway with the Acute Hospitals in Surrey.
2. People who have been seen by the detoxification team have given positive feedback about their treatment.
3. There is a current and ongoing significant financial risk in the costs of medication used in Opiate Substitute Treatment. These risks have been managed within the contract budget with the support of the open book accounting model and with the Programme Board oversight.
4. Over a 3 year period there has been an increase in the number of people presenting for drug and alcohol misuse treatment in Surrey.
5. The Programme Board has effectively managed the substantial changes in the integration of adult treatment services, the remodelling of detoxification, an increase in the number of people accessing treatment and the Buprenorphine cost pressure.
6. Integration of adult substance misuse treatment service was led by a partnership that brought together Surrey County Council, Surrey and Borders Partnership NHS Foundation Trust and Catalyst, it is recognised that this approach has improved relationships between these three sectors and strengthened the network of resources that can be drawn upon to strengthen resident's recovery journeys.

⁷ Measuring treatment success; Sources/background papers 4.

Recommendations:

1. The HICSC note the progress made in the changes to the adult substance misuse treatment system.
2. The HICSC Invite the Programme Board to update committee on:
 - 2.1 Drug and Alcohol Detoxification Service Evaluation scheduled to be published in October 2019.
 - 2.2 Performance of the adult drug and alcohol misuse treatment system.

Next steps:

Service Development post 2020

Co-design and continuous development will be central to provision over the next year. It has been recognised that the health and social care landscape is evolving and developing in a way which supports a co-design approach reinforcing Surrey's drive towards integrating provision and exploring new ways of commissioners and providers working in partnership to deliver improved standards of care. The integrated substance misuse service has been mobilised, Surrey County Council Public Health will now begin to develop commissioning intentions for April 2020. This will take into consideration changes as a result of Sustainability and Transformation Partnerships and Devolution.

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Sources/background papers:

1. Leaflets describing treatment and support available from I-access the integrated substance misuse treatment service.



A72404 SB i-access
Service Users Leaflet



Drug information
guidance - v8 - Print

2. Buprenorphine Advice from PHE



Buprenorphine -
advice from PHE 3.p

3. Service wide map 2019



Service wide map
inc Catalyst 2019.pd

4. Measuring treatment success.

Access to treatment:

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Wait times:

Percentage of clients waiting over three weeks for their first intervention – for Surrey this is predominantly 0%, although we are aware that 3 of the 415 people who were new to treatment at one hub in Surrey during the first 6 months of 2018/19 waited longer than 21 days. The average wait time in Surrey is 14 days.

Successful completions of treatment

Public Health Outcomes Framework (PHOF) 2.15 i/ii/iii measures the rate of individuals who successfully leave treatment and do not re-present within the following 6 months. Figure 1 below shows the performance of the Surrey treatment system compared to the previous baseline period, the direction of travel (D.O.T.) for each of the drug categories is marked with a green arrowhead and indicates increased performance. In the latest period marked as percentage (%) opiate performance is similar to Local Authority comparators, non-opiate is higher and alcohol is similar to comparators. It should be noted that although the integrated service began to deliver in April 2018/19 the quarter 2 data is the latest available although PHOF 2.15 in figure 1 is derived from the previous year's performance data.

PUBLIC HEALTH OUTCOME FRAMEWORK: INDICATOR 2.15 - Successful completion of drug treatment

1.1 Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (PHOF 2.15 iii/iii)

(n) = number successfully completed and did not re-present / all in treatment
 Baseline period: Completion period: 01/10/2016 to 30/09/2017, Re-presentations up to: 31/03/2018
 Latest Period: Completion period: 01/04/2017 to 31/03/2018, Re-presentations up to: 30/09/2018
 Comparison to England: Lower = Red, Similar = Amber, Higher = Green
 Direction of travel (D.O.T): Current data measured against the baseline (B). Due to rounding small differences may not be visible in displayed percentages, but are taken into account in D.O.T. calculation.
 Note: PHOF 2.15 has been refreshed in line with <http://www.phoutcomes.info> and <https://www.ndtms.net>

	Baseline period		D.O.T	Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)		(%)	(n)		
Local opiate clients	6.4%	84 / 1305	▲	6.8%	84 / 1240	7.89% - 12.73%	98 to 157
National opiate clients	6.6%			6.3%			
Local non-opiate clients	40.2%	305 / 758	▲	48.9%	370 / 758	43.84% - 54.16%	332 to 409
National non-opiate clients	36.6%			36.4%			
Local alcohol clients	22.8%	220 / 963	▲	37.4%	392 / 1048		
National alcohol clients	38.6%			39.0%			

Fig 1. PHOF 2.15 Quarter 2 2018/19

Successful completions:

The number and proportion of clients in treatment in the latest 12 months who successfully completed treatment

Re-presentations:

The number and proportion of clients in treatment in the latest 12 months who successfully completed treatment.

Glossary of acronyms:

Alcoholics anonymous

AA is concerned solely with the personal recovery and continued sobriety of individual alcoholics who turn to the Fellowship for help. Alcoholics Anonymous does not engage in the fields of alcoholism research, medical or psychiatric treatment, education, or advocacy in any form, although members may participate in such activities as individuals. <https://www.alcoholics-anonymous.org.uk/About-AA/What-is-AA>

Catalyst

Catalyst is a Surrey based non-profit organisation working with people who are dealing with issues stemming from drug and alcohol misuse and mental health, reducing the harm to themselves, their families and communities.

www.catalystsupport.org.uk

Needs Assessments

Health needs assessment (HNA) is an essential tool to inform commissioning and service planning, and can be defined as a systematic method of identifying the unmet health and healthcare needs of a population, and making changes to meet those unmet needs.¹

Narcotics Anonymous

N.A. is a non-profit fellowship or society of men and women for whom drugs had become a major problem. We are recovering addicts who meet regularly to help each other stay clean <http://ukna.org/content/what-na> *Public Health Outcomes Framework (PHOF)*

PHOF

The Public Health Outcomes Framework examines indicators that help us understand trends in public health.

<https://www.gov.uk/government/collections/public-health-outcomes-framework>

Psychosocial interventions

Psychosocial interventions for treatment of alcohol and drug problems cover a broad array of treatment interventions, which have varied theoretical backgrounds. They are aimed at eliciting changes in the patient's drug use behaviors well as other factors such as cognition and emotion using the interaction between therapist and patient. Typically they would include Brief opportunistic intervention, Motivational Interviewing and Cognitive Behavioral Therapies.

SaBP

Surrey and Borders Partnership NHS Foundation Trust is the leading provider of health and social care services for people of all ages with mental ill-health and learning disabilities in Surrey & North East Hampshire and drug & alcohol services in Surrey and Brighton. www.sabp.nhs.uk

SMART Recovery

SMART Recovery (SMART) is a science-based programme

to help people manage their recovery from any type of addictive behaviour. This includes addictive behaviour with substances such as alcohol, nicotine or drugs, or compulsive behaviours such as gambling, sex, eating, shopping, self-harming and so on. SMART stands for 'Self Management and Recovery Training'.

<https://www.smartrecovery.org.uk/about/>

Talking Therapies

Talking therapy is for anyone experiencing negative thoughts and feelings or who is feeling distressed by emotional or mental health problems, or difficult events in their lives which they can't sort out on their own. Sometimes it's easier to talk to a stranger

than to relatives or friends. During talking therapy, a trained counsellor or therapist listens to you and helps you find your own answers to problems, without judging you.

<https://www.nhs.uk/conditions/stress-anxiety-depression/benefits-of-talking-therapy/>

<http://www.sabp.nhs.uk/services/mental-health/adult/community/mind-matters-surrey>

Health Knowledge

<https://www.healthknowledge.org.uk/public-health-textbook/research-methods/1c-health-care-evaluation-health-care-assessment/uses-epidemiology-health-service-needs>