FIGURE 8
CONSULTANCY SERVICES LTD

Evaluation of the Edinburgh central titration clinic (EdMAC)

Executive summary

Prepared for the Edinburgh Alcohol and Drug Partnership

March

2026

FOR FURTHER INFORMATION PLEASE CONTACT

Figure 8 Consultancy Services Ltd

Room 6, Brook House

86 Brook Street

Broughty Ferry

Dundee

DD5 1DQ

enquiries@f8c.co.uk

www.f8c.co.uk

LEAD CONTACT

Andy Perkins (Director)

Room 6, Brook House, 86 Brook Street, Broughty Ferry, Dundee, DD5 1DQ.

☎ +44 7949 775026 (mobile) ✉ andy@f8c.co.uk 💻 www.f8c.co.uk

RESEARCH TEAM

Josh Dumbrell (Senior Researcher, Figure 8)	Andy Perkins (Director, Figure 8)
Sophie McCluskey (Researcher, Figure 8)	Sam Steele (Researcher, Figure 8)

ACKNOWLEDGEMENTS

Edinburgh Alcohol and Drug Partnership have financed this evaluation project.

The evaluation team offers its sincere thanks to the staff of EdMAC who have worked collaboratively with the evaluation team in collecting evidence for evaluation purposes.

Executive Summary

This executive summary presents the key findings of the evaluation of the Edinburgh Central Titration Clinic, for NHS Lothian (service provider) and the Edinburgh Alcohol and Drug Partnership (funder). It focuses on: (1) whether EdMAC has been implemented as planned, and (2) what the emerging outcomes of the service are. The evaluation used a mixed-methods design, drawing on routine monitoring and stakeholder evidence, and applied a contribution-focused approach (i.e., assessing how far EdMAC plausibly contributes to change, rather than claiming sole 'attribution').

Headline findings

- **Core delivery is in place and operating at pace**. In 2024 EdMAC received 176 presentations, with 175/176 (99.4%) offered a MAT assessment on the same day as presentation (1/176 offered the following day). For first prescriptions, of 149 presentations with a first prescription date recorded, 92/149 (62%) were prescribed on the same day and 124/149 (83%) were prescribed on the same or following day.

- **EdMAC is converting contact into starts and treatment continuity**. In 2024, 62 new patients received a first prescription. At six months, 80.6% were retained in treatment (including 54.8% transferred to hubs); 8.1% were no longer in treatment.

- **Patient-reported experience is consistently positive (within a small survey sample).** 75% rated overall experience as 'Excellent' and 92% as 'Good' or better; 100% reported being satisfied with staff friendliness and would recommend EdMAC.

- **Improving but uneven access.** Feedback highlighted barriers linked to the clinic's location, mainly city-centre fears/bans (40%) and transport/distance (27%).

- **The model is effective, but operating constraints and system interfaces limit 'full potential'.** Premises and operational limitations (including restricted clinic hours driven by space and security features) continue to shape throughput and accessibility.

- **Sustainability is the immediate decision point.** The evaluation identifies that the current funding stream ends 15th February 2027 and recommends moving EdMAC from 'pilot status' to stable, core funding if the model is to be protected and developed.

The EdMAC ‘performance story’

1. What EdMAC is (and what it set out to do).

EdMAC was established to help Edinburgh meet Medication Assisted Treatment (MAT) Standard 1 (same-day access to MAT), by providing a low-threshold, central ‘single-door’ route to rapid assessment and titration, reducing the historic variation in waiting times.

2. Implementation and evolution

EdMAC began as a three-day pilot (December 2023) and expanded to five days per week during a ‘test-and-adapt’ phase that included quality-improvement cycles. This adaptive approach was a strength for implementation, but it also means the model has continued to evolve while demand has grown.

3. Inputs and operating conditions (what enables and constrains performance)

The service is delivered through a multi-disciplinary model (clinical titration and wider support), but the evaluation emphasises important constraints:

- **Premises and flow constraints.** Limited capacity and layout issues restrict some processes, with security features and escorting requirements affecting movement and staff time.
- **Clinic hours.** Routine operations are constrained by limited access to the space (the report notes restricted hours).
- **System interfaces/data burden.** Multiple data systems and duplicate entry requirements add friction to delivery and monitoring (and contribute to incomplete data on some outputs and outcomes).

4. What EdMAC delivered (outputs and timeliness)

Routine data indicate high delivery against the central ‘speed’ function:

- 175/176 (99.4%) MAT assessments were offered on the same day as presentation (1/176 offered the following day).

- For first prescriptions, of 149 presentations with a first prescription date recorded, 92/149 (62%) were prescribed on the same day and 124/149 (83%) were prescribed on the same day or the following day.
- 62 new initiations in 2024 (first prescription), with a mix of medications (e.g., methadone, buprenorphine, and Buvidal).

5. How the service 'feels' to people using it (early quality signals)

Although based on a small survey sample, patient-reported experience was strongly positive and aligns with the model's intent to deliver respectful, person-centred access:

- 75% 'Excellent' overall experience; 92% 'Good' or better; 100% satisfied with staff friendliness; 100% would recommend.

Outcomes & impact (i.e. the 'contribution' of EdMAC towards long-term changes and impact)

The evaluation frames EdMAC's effects as contribution (not sole causation), recognising that outcomes depend on wider system factors (hubs, primary care, pharmacies, third sector supports, and wider social context).

Outcome 1: Reduced waiting times and improved access to MAT (especially MAT Standard 1)

What the evidence shows now	EdMAC is delivering rapid access in practice, including same-day assessment and near-immediate prescribing for most people who proceed to prescription.
What this suggests	These results suggest EdMAC is making a tangible contribution to improving MAT Standard 1 performance city-wide by providing a reliable 'front door' for rapid starts.
Where access remains uneven	Professional feedback indicates persistent barriers linked to the city-centre location and practical accessibility (e.g., city-centre bans/fears and transport/distance).

Outcome 2: Earlier initiation and stabilisation on medication (and earlier harm reduction)

What the evidence shows now	EdMAC is initiating new patients and moving them to therapeutic treatment pathways; the routine data confirm substantial new starts via EdMAC in 2024.
What this suggests	The evaluation presents EdMAC as a mechanism that can reduce the period of unmanaged risk associated with waiting for treatment, by compressing time-to-first prescription.
Limitations	Longer-term clinical outcomes (e.g., sustained stabilisation, overdose events, or wider population impacts) are not established within the current evidence base and timeframe.

Outcome 3: Improved retention and continuity of treatment (via structured transfer to hubs)

What the evidence shows now	At six months, 80.6% of the 2024 EdMAC cohort were retained in treatment; most had transferred to hubs (54.8%), while 17.7% remained with EdMAC; 8.1% were no longer in treatment.
What this suggests	These data suggest EdMAC is contributing to continuity by actively moving individuals into ongoing care within the hubs or primary care.
System interface risk	The handover from EdMAC to hubs is not consistently strong: around a quarter of hub staff rated handover/information sharing as poor, and a minority reported problems with timeliness.

Outcome 4: Improved engagement and ‘wrap-around’ supports (where available)

What the evidence shows now	The evaluation describes the intended benefit of integrating rapid titration with broader psychosocial and practical supports; stakeholder feedback values this ‘single-door’ model.
Constraints	The evaluation notes that wider supports depend on capacity and partnership inputs, and that operational constraints (premises and systems burden) can limit delivery of the full offer.

Outcome 5: Improved system flow and reduced pressure elsewhere (emerging)

What the evidence shows now	By delivering rapid starts and structured transfer, EdMAC appears to contribute to smoothing a previously inconsistent access route.
What limits the system-level impact	System effects rely on downstream capacity and cooperation (hubs, primary care, pharmacies). The report highlights interface challenges (e.g., variable handover quality; specific GP practice issues) that can reduce overall efficiency.

Outcome 6: Longer-term impacts (early signals only)

EdMAC is plausibly aligned to contribute to longer-term aims (sustained treatment, reduced harms, improved wellbeing), but the evaluation emphasises that evidence at this stage is emerging and shaped by external factors; it does not claim population-level impacts within the available data.

Recommendations (quick wins, 6–12 months, strategic)

Quick wins

- **Protect the ‘core promise’ of same-day access.** Maintain same-day assessment and same-day/next-day treatment starts as the organising principle of EdMAC.
- **Tighten the EdMAC-to-hub handover.** Implement a consistent, minimum handover standard (timeliness, information content, named contact).
- **Make access barriers visible in routine monitoring.** Track and review access issues linked to location and travel barriers and use findings to refine contact methods and appointment options for groups who cannot safely access the city centre.

6–12 months

- **Increase operational flexibility (where possible) to reduce bottlenecks.** Address space/flow constraints and restricted hours that limit throughput and accessibility; prioritise options that reduce friction for patients and staff.
- Reduce duplicate data entry and improve the usefulness of routine data. Streamline data systems and reporting to focus on service improvement.
- Strengthen whole-pathway alignment (hubs, primary care, pharmacies). Focus on practical workflow agreements that reduce ‘handoff risk’.

Strategic

- **Move EdMAC from pilot to core-funded provision.** Treat EdMAC as a stable, core-funded model rather than time-limited pilot activity.
- **Plan a city-wide access model that reduces geographic exclusion.** Develop a strategy that addresses city-centre access constraints (including bans/fears and transport barriers) so improvements in MAT Standard 1 are fully equitable.
- **Commit to ongoing learning and improvement.** Continue the ‘test-and-adapt’ approach with defined success measures and shared governance.