

**NHS FORTH VALLEY LOCAL ENHANCED SERVICE (2010)**

**General Practitioner Prescribing Service (GPPS)  
Opiate Assisted Treatment Service Specification**

**Rationale**

- It is the responsibility of general practitioners to provide general medical services for all patients including drug misusers. Health Boards have a duty to provide treatment for drug users to meet local population needs. This should include interventions to reduce drug related harm such as hepatitis A & B vaccinations, hepatitis C testing and signpost to needle exchange provision availability, together with evidence based drug treatment.
- Drug misuse and its complications pervade every part of society and social classes and are a problem found across the whole country.
- The number of drug users in Forth Valley's general population is estimated to be in the regions of 2700. Based on current estimates however, it would be expected that almost every general practitioner would have patients with drug misuse registered with them, although prevalence rates in cities/ urban areas will be significantly higher than in the rural areas of Stirling, Falkirk and Clackmannanshire. At present there are 39 of 214 GPs; 21 of 57 Practices, participating in GPPS (Nov 2007). It is hoped that this Local Enhanced Service will encourage other practices to participate and therefore ensure fair and equal access for all patients affected by opiate misuse in Forth Valley.
- Drug misusers have the same entitlement as other patients to the services provided by the National Health Service. (DoH, 2007)
- The impact of a person's drug misuse on other individuals – especially dependent children – and on communities should be taken into consideration. (DoH, 2007)

**Aims**

All practices are expected to provide essential services to all of their patients and any additional services they are contracted to provide. This Local Enhanced Service specification outlines one of the more specialised services to be provided. This opiate prescribing specification is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional.

A range of drug misuse treatments have been found to be effective in reducing harm to individual drug misusers, their children and families and local communities. (DoH, 2007)

Hidden Harm (ACDM 2003) sets out expectations that a local treatment system should work together to protect and improve the health and wellbeing of the children of drug misusing parents.

Patients should be fully involved in the planning, development and reviewing of their care/treatment plans and goals.

## Brief Description of Service

The effectiveness of General Practitioners Prescribing Service is dependant on effective partnership working and excellent communication between all involved. This is strengthened by a four-way treatment agreement between GP, patient, keyworker & pharmacist, *“an effective community-based service depends on the close working relationships of these professionals”* (DOH 2006:65).

General Practitioner Prescribing Service provides a flexible treatment option for opiate users where patients are supported by a multidisciplinary team. Signpost Recovery keyworkers support the client intensively, throughout.

Methadone or buprenorphine is prescribed by the patients own GP and support and administration of treatment is provided by a community pharmacist. Support and advice is provided to the GPs, Keyworkers and community pharmacists by the GPPS Coordinator and the Specialist Pharmacist in Substance Misuse (SPiSM).

### Eligibility criteria

Prescribe for patients who are;

- Single opiate users
- NOT problematic users of alcohol
- NOT problematic users of benzodiazepines
- In permanent secure accommodation
- Committed to drug use and lifestyle changes
- Agree with and sign treatment agreement
- NOT pregnant (refer to Community Alcohol & Drugs Service/CADS)
- NOT suffering from co-morbid mental health problems (refer to CADS)

## Service Specification

- The following elements of the service require to be in place for the purpose of this LES
  - An accurate register of opioid dependent patients by the Practice.
  - **Keyworkers** will complete SMR 25 parts (a) & (b) [Substance Misuse Reporting database] online as required; done at assessment, then 3 months after starting opiate treatment and annually thereafter. Signpost recovery is notified directly when SMR25 (b) is due for follow up.
  - A sequential 6 monthly GP review of care/treatment plan with patient and keyworker in attendance and any comments/concerns from the patients' pharmacist, for each patient prescribed opioid treatment.
  - Safe and secure Practice premises, appropriate for the provision of such services.
  - Practice guidelines to be developed, see section 2 of GPPS Handbook (orange folder) available in hard copy from the GPPS Coordinator or online [www.forthvalleyadp.org.uk](http://www.forthvalleyadp.org.uk)
  - A good knowledge of, and effective liaison with, local drug & alcohol services and other agencies, including non-statutory services.
  - Links between local pharmacies, primary care, drug & alcohol addiction workers/services, social services (including Child Protection services) and community mental health teams.
- This local enhanced service will fund practices to be able to:
  - Develop and co-ordinate the care of drug users and implement appropriate practice guidelines.

- Practices must have knowledge of Local and National opiate treatment for titration, maintenance and detoxification procedures.
  - Treat dependent drug users with support from, for example, Signpost Recovery, General Practitioner Prescribing Service Coordinator, Community Alcohol and Drugs Service, FV- Tox (detoxification programme), specialists in substance misuse (GPwSI, PwSI,) and Community Prescribing Service. It includes the prescribing of substitute (opiate and non-opiate) drugs or antagonists using best practice as outlined in the Department of Health's drug misuse clinical guidelines (Orange book) and Local Prescribing Guidance (GPPS handbook, Community Alcohol & Drugs Service methadone and buprenorphine assisted treatment).
  - Ensure that prescribing takes place within a context in which the co-existing physical, emotional, social and legal problems are addressed as far as possible.
  - Participate in audit of prescribing practice.
  - Act as a resource to practice colleagues in the care of drug users.
  - Demonstrate additional training and continuing professional development. This should be commensurate with the level of service provision expected of a clinician in line with any national or local guidance to meet the requirements of revalidation.
  - Ensure substance misuse training is incorporated on needs led basis for GP Practice staff.
  - Provide care for patients outside their own registered list (if the practice has agreed to look after such patients). These patients must have an effective means of communication with the registered doctor.
- The LES will be subject to the following audits on a six-monthly basis:
    - Audit of prescribing of substitute medication if appropriate and adherence to the minimum standards laid out by this specification.
    - Audit of hepatitis A&B screening and immunisation data relevant to this patient population.
    - Audit of hepatitis C screening, referral for testing and treatment data relevant to this patient population.
    - Audit of contraception and sexual health screening data relevant to this patient population.
    - Audit of child protection issues, patients who have living with or access to children 16 years and under and the outcomes.
  - An annual review of service will be made to include the following:
    - attendance rates
    - non-attendance rates
    - review against outcomes
    - financial review

### **Accreditation**

- Those doctors who have previously provided services similar to this enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.
- A practitioner providing enhanced services in substance misuse should have the skills to:

- Identify and treat the common complications of drug misuse.
- Carry out a comprehensive assessment of a patient's drug/alcohol use.
- Provide harm reduction advice to a current drug user or his/her family and signpost to appropriate services.
- Test (or refer for testing) for other viruses, including HIV, and immunisation for hepatitis A & B to at-risk individuals.
- Provide (or refer to Family Support Services) drug information for carers and users as to the effects, harm and treatment options for various common drugs of use.
- Assess and refer appropriately, patients requiring further support required as per care plan, ie. Mental health, pregnancy, anxiety, trauma.
  
- Utilise the range of commonly used treatment options available for treatment including pharmacological interventions as listed in NHS FV Formulary for opioid treatment.
- Be aware of NHS Forth Valley's substance misuse treatment policies and strategies.
- Work in an appropriate multidisciplinary and integrated manner.
- Provide information from patient notes, in the unfortunate circumstances, when a patient dies whilst in treatment, to populate information required for the National Drug Related Death database.
- Keep and use paper & web-based information for patients and families.

### **Appraisal criteria**

- The appraisal criteria will include both the generalist and special interest aspects of the work.

### **CPD requirements**

- It is expected that the level of training required for a GP providing an enhanced service is identified in the GP's personal development plan and, where additional training is required, national and/or local mechanisms will be found by the GPPS Co-ordinator to address this.

### **Training available**

- Marketing and launch of LES GPPS beginning of 2010.
- CREATE or bespoke sessions can be provided by contacting the GPPS Co-ordinator or any of the substance misuse services.
- RCGP parts one and two training when available; GPPS co-ordinator will email flyers when course is offered by RCGP (Scotland).
- Management of aggression and violence is available to all NHS FV staff by contacting the appropriate department.
- Drug Awareness First Aid Training (DAFAI) is available to all NHS FV staff by contacting the appropriate department.
- Mental Health First Aid Training is available to all NHS FV staff by contacting the appropriate department.

### **Expected Outcomes**

- Improved holistic access to services locally for patients who misuse drugs.
- Improved patient pathways.
- Improved recovery rates and positive outcomes.
- Reduce harm and enablement of positive lifestyle changes.
- Effective and integrated healthcare services for substance misusing patients.
- GPs with knowledge, skills and training in the management of substance misusers in primary care.
- Reduced stigma for those affected
- Improved outcomes for children affected by parental substance misuse.

### **How outcomes will be measured locally and the process evaluated**

Extraction of data from ESCro, showing for each individual:

- Number of patients referred for opiate misuse.
- Number of patients assessed for opioid treatment.
- Number of patients offered GPPS opiate treatment.
- Numbers of patients attending follow up appointments with GP. (Signpost Recovery will keep own records of attendance of patients attendance for keyworking appointments).
- Outcomes such as clean tests, attendance, improved physical & mental health, social wellbeing, housing, HEAT targets.
- Number of patients in reduction phase of their treatment.
- Number of patients who finished programme illicit drug and opiate free.
- Number of patients working, further training, college, etc.

The above information will also be collected and recorded by Signpost Recovery who provide the keyworking for each GPPS patient within Signpost/GPPS casenotes.

### **Payments**

NHS FV LES GPPS; Payments to General Practice:

- Each GP practice contracting to the LES will be paid £350 per annum/per patient for services relating to this specification.
- This LES is subject to superannuation payments.
- Payments will be paid quarterly in arrears based on ESCro submission to Primary Care Contractors Services (PCCS), Gladstone Place, Stirling.

### **Further information**

Drug misuse and dependence UK Guidelines on clinical management (Orange guidance)

NHS FV GPPS handbook.

NHS FV Methadone Assisted Treatment (MAT).

NHS FV Buprenorphine Assisted Treatment. (BAT)

Royal College of General Practitioners Guidance for the use of buprenorphine for the treatment of opioid dependence in primary care.

NHS FV benzodiazepine guidance.

Road to Recovery, National drug strategy.

NHS FV Treatment Strategy.

NHS FV Prison transfer policy.

NHS FV Formulary.

BNF.

Various National Institute for Health and Clinical Excellence (NICE) guidance in substance misuse.

[www.scotland.gov.uk](http://www.scotland.gov.uk)

[www.forthvalleyadp.org.uk](http://www.forthvalleyadp.org.uk)

### **Health Promotion Material**

A number of health promotion materials are available from the Scottish Government's dedicated Know the Score website. It includes a large amount of information relating to substance misuse for parents, patients and professionals. The link is: [http://www.knowthescore.info/kts/CCC\\_FirstPage.jsp](http://www.knowthescore.info/kts/CCC_FirstPage.jsp)

Number of health promotion materials are available from the Health Information Resource (HIRS) at Gladstone Place, Stirling.