

**GP ENHANCED SERVICES PROGRAMME:  
DRUG MISUSE NES 2013/14  
/ SUPPLEMENTARY BBV LES**

This contract is between NHS Lothian and:

<b>Practice Name -</b>	
<b>Practice Number -</b>	

**Service Outline**

**A. The following elements of the service require to be in place:**

- (i) An accurate register of patients
- (ii) Good knowledge of, and effective liaison with, local drug services and other agencies, including non-statutory services
- (iii) Links with local pharmacies, primary care support workers, social services and local mental health services
- (iv) Systems to record prescribing, interventions and review, including review of Recovery Plan (Appendix C - for practices using Vision this will be embedded in the EScro clinical screen)
- (v) Safe and secure practice.

**B. This service will fund practices to:**

- (i) Develop and co-ordinate the care of drug users and develop practice guidelines. Practices must have knowledge of local and national drug policies and clinical guidelines. Practices must have knowledge of local referral, detoxification and peer support services
- (ii) Treat dependent drug users with support. This will be with support from, for example, nurses with specialist interest and specialist or non statutory providers. It includes the prescribing of substitute (opiate and non-opiate) drugs and/or other treatments in keeping with best practice and prescribing guidelines
- (iii) Ensure that treatment and prescribing take place within a context in which the co-existing physical, emotional, social and legal problems are addressed as far as possible
- (iv) Maintain awareness of relevant child protection procedures and local guidelines on the care of children and families including the need for appropriate sharing of information
- (v) Participate in audit of prescribing practice (see clinical audit guidance below)
- (vi) 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

- (vii) Maintain the safety and training of clinical and non-clinical staff
- (viii) If a practice has agreed to provide care for patients outside their own registered list they will be funded to do so. There must be an effective means of communication with the registered doctor regarding these patients

**C. The Primary Care Facilitator Team (PCFT) is responsible for auditing, monitoring, reporting and reviewing the performance of contracted practices. PCFT staff will visit practices to offer support, training and feedback. An annual report on the service will be prepared by the PCFT based on audit data submitted by participating practices. This will include the following:**

- (i) Attendance rates
- (ii) Treatment interventions
- (iii) Outcomes - including Christo Inventory scores

**D. Practice performance indicators are defined by the NES (Drug Misuse) Monitoring Group on behalf of NHS Lothian and the contract will be reviewed by the Monitoring Group in conjunction with the Enhanced Service Review Group and the Local Medical Committee on an annual basis. The following audit data must be submitted by practices to the PCFT in the prescribed format every 3 months, using the EScro Drugs Misuse software and templates supported by Albasoft Clinical Software Solutions and provided by the PCCO. (Appendix B lists the Read Codes embedded in the EScro clinical screens and templates). This data should be submitted as soon as possible after the end of each quarter - end of February, May, August and November - and, at the latest, by the 10th of the following month. If data is not submitted by the due date, payment for that quarter will be withheld. If there are exceptional reasons for delay or difficulty in submitting data, this must be notified promptly to the PCFT. Payment appeals will only be considered in exceptional circumstances and should be made as soon as possible. Any problems with the software supporting this contract should be reported to the Albssoft helpdesk.**

**MANDATORY DATA required to support audit and payment:**

- (i) Patient's 10 digit CHI number
- (ii) Number of attendances
- (iii) Details of any current substitute medication prescribed, including dose, dispensing arrangements and dates of supervised consumption of methadone
- (iv) Date of most recent toxicology
- (v) Current injecting status and discussion of blood borne viruses
- (vi) Hepatitis B screening and immunisation data relevant to this patient population

***Practices are also encouraged to submit the following data which is relevant to best practice in caring for this patient group:***

- (i) Data relating to Hepatitis C and HIV prevention activity including testing
- (ii) Christo inventory scores and completion dates. This is now available in electronic form for those practices using Vision - the score is calculated automatically and entered into the EScro screen and patient record
- (iii) Date of annual review of Recovery Plan. An electronic format is now available on the clinical screens for practices using Vision allowing a plan to be created and saved to the patient record and printed to give to the patient

**E. Skills - a practitioner providing the enhanced services in drugs and substance misuse should have the skills to:**

- Engage with patients and promote recovery

- Carry out an assessment of a patient's drug use
- Assess, and refer appropriately, patients for drug misuse
- Provide harm reduction advice to a current drug user or his or her family
- Discuss and test (or refer for testing) for blood borne viruses, including HIV, HCV and HBV
- Discuss sexual health including preconception and contraception advice with male and female drug users
- Carry out immunisation for Hepatitis A and B according to current guidelines
- Utilise the range of commonly used treatment options available for treatment including pharmacological interventions
- Identify and treat the common complications of drug misuse
- Provide drug information to carers and users as to the effects, harms and treatment options for various common drugs of use
- Work in an appropriate multidisciplinary manner in partnership with other service providers

#### **F. CPD requirements**

It is expected that the level of training required for a GP providing the enhanced service is identified in the GP's personal development plan and, where additional training is required, local resources are found to address this.

#### **G. Pricing and Payment Arrangements**

Each practice contracted to provide these services will receive a fee of £380.40 or £304.32 per qualifying patient, per annum paid quarterly in arrears [depending on the fulfilment of qualifying criteria (i)-(iv): see Section H].

#### **H. Patients qualifying for NES payment**

Claims for payment cannot be made for patients who are receiving ongoing maintenance care and prescribing from a specialist service, maintenance clinic or who are subject to a Drug Treatment and Testing Order (DTTO). Claims may be made for patients who are undergoing assessment or titration by a specialist service, subject to the criteria below and the agreement of the practice to resume drug related care on discharge from the specialised service. Claims can also be made for patients who are no longer prescribed substitute medication for their drug dependence, or are drug free, and are still being seen for support and relapse prevention.

Qualifying criteria:

- (i) Patient seen twice or more in preceding 6 month period regarding their drug use.
- (ii) Patient has a record of toxicology in preceding 12 months.
- (iii) Patient recorded as having received **at least** one Hepatitis B vaccination **or** has been recorded as having had past infection **or** recorded as having declined vaccination.

The first two criteria must be fulfilled for payment to be made in respect of that patient. Patients fulfilling all criteria except (iii) will attract a lower payment equivalent to 80% of the full rate i.e. £304.32. No payment will be made in respect of patients not fulfilling criteria (i) and (ii).

### **BLOOD BORNE VIRUS SUPPLEMENTARY LES CONTRACT**

***Please note that practices participating in the Drug Misuse NES are also eligible to provide the supplementary service which aims to promote good practice in the management and review of patients infected with, or at risk of BBV. The separate contract documentation included as Appendix A should be signed and returned along with the main Drug Misuse NES contract.***

**Notice period -**

In the event of a practice being unable to maintain the service for the duration of the contract, an appropriate period of notice will be agreed with the PCCO.

**Declaration**

I understand that the payments relating to this contract will be subject to the normal payment verification arrangements.

<b>Signed</b> (For and on behalf of the Practice)		<b>Date:</b>	
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<b>Signed</b> (For and on behalf of NHS Lothian)		<b>Date:</b>	
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## **Appendix A - BLOOD BORNE VIRUS (BBV) LES SUPPLEMENT**

**A supplementary payment is available for an agreed period until the end March 2014 for eligible patients currently within the Drug Misuse NES (ie patients already qualifying for NES payment as per Section H above).**

### **Aim**

To promote good practice in the management and review of patients infected with or at risk of blood borne viruses.

### **Background**

Hepatitis C infection is a major public health concern in Scotland. It is estimated that around 50,000 people have been exposed to the Hepatitis C virus (HCV), giving a prevalence of 1% in the Scottish population.

- Around 38,000 (80%) of those have gone on to develop chronic HCV infection (i.e. PCR positive)
- Less than 50% of these individuals are aware that they have HCV infection
- Less than 10% of the 38,000 with chronic HCV infection have ever had treatment despite the fact that this can cure the infection in up to 80% of cases
- One quarter of people in the UK with HIV remain undiagnosed
- Scottish Drug Misuse Database shows that 29% of all drug users reported injecting in the last month and 32% of those reported sharing injecting equipment in the same period

BBV testing and management (other than Hepatitis B immunisation) is currently included as best practice in the advice given to practices and included in the audit returns requested under the Drug Misuse NES. Figures from the NES show that the number of drug users ever tested for Hepatitis C increased from 39% in 2006 to 64% in March 2009. These figures show that primary care is an appropriate and responsive service for increasing testing. However the issue of identification of those at ongoing risk and repeat testing is not monitored by the NES and no interventions are in place to address this. There is also no information on referrals and follow up of those tested positive.

### **Service Outline**

#### **A. Interventions**

##### **For all patients who meet the qualifying criteria for NES payment**

- (i) An annual discussion about BBV risk, including offer of testing for HCV, HIV and HBV, and provision of prevention information
- (ii) An update of injecting status of all NES patients, at least annually
- (iii) For patients identified at ongoing risk (eg through injecting or sex), at least an annual offer of (repeat) BBV testing

**For patients who meet the qualifying criteria for NES payment and are known to be chronically infected with a BBV additional items are required**

- (i) Appropriate management of known infected patients - will include referral to specialist care; or signposting / referral to support agencies; or documented informed non-consent to referral
- (ii) At least annual review of known chronically infected patients (from records or in person) to ensure accessing treatment or support, or making informed choice not to

**B. Recording and Audit**

**All patients**

- (i) Record of date of last BBV discussion
- (ii) Record that patient has been given written information about BBV risks and testing (BBV prevention cards have been sent to practices by the Hepatitis C MCN. See appendix D for pdf version and contact details for cards). (Read Code to be advised).
- (ii) Record of whether ever injected
- (iii) Record of 'Injected in the preceding 12 months' with responses yes, no and not known
- (iv) Information on Hepatitis C will include 'date of most recent test or date test declined'

**Patients known to be chronically infected**

[Hepatitis C PCR antigen positive or PCR positive, HIV positive and/or Hepatitis B Surface Antigen positive]

- (i) Record of date of annual review
- (ii) At annual review record if referred for treatment or support with responses yes, refused or already engaged

**C. Pricing and Payment Arrangements**

**All eligible patients, except chronically infected**

£30 pa pro rata per eligible NES patient; qualifying criteria:

To qualify for the BBV supplement payment there should be an updated record of injecting status over the last 12 months (never injected, previously injected or current injecting).

**Currently injecting users require:**

- Updated injecting status - during the last 12 months
- BBV prevention discussion - during the last 12 months
- Hep C testing / declined - during the last 12 months

**Never or previously (ie not current) injecting users require:**

- Updated injecting status - during the last 12 months
- BBV prevention discussion - during the last 12 months
- Hep C testing / declined - ever

All criteria must be fulfilled for payment to be made in respect of that patient.

**Chronically infected patients**

[Hepatitis C antigen positive or PCR positive, HIV positive and/or Hepatitis B Surface Antigen positive]

£60 pa pro rata per NES patient; qualifying criteria.

**Chronically infected patients require:**

- Updated injecting status - during the last 12 months
- BBV prevention discussion - during the last 12 months
- Review as per BBV/LES guidance - during the last 12 months

All criteria must be fulfilled for payment to be made in respect of that patient.

Drugs Misuse NES payments are subject to the normal payment verification processes.

**Notice period -**

In the event of a practice being unable to maintain the service for the duration of the contract or wishing to opt out, an appropriate period of notice will be agreed with the PCCO (normally 3 months).

<b>Signed:</b> (For and on behalf of the Practice)		<b>Date:</b>	
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<b>Signed:</b> (For and on behalf of NHS Lothian)		<b>Date:</b>	
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## NHS Lothian

Last updated: 29/08/2012

## Drug Misuse

Read Code	Screen Description	Read Code Description
<b>Diagnosis and Register</b>		
9k5..	Drug misuse - enhanced service commenced	Drug misuse - enhanced service admin
9121.	Patient not registered at this practice	Patient not registered
9k50.	Drug misuse – remove from enhanced service	Drug misuse - enhanced service completed
9G2..	Drug addiction notification (SMR)	Drug addiction notification
8Blu.	Treatment agreement discussed & completed	Compliance issues discussed with patient
<b>Treatment Monitoring</b>		
9No5.	Substance misuse consultation	Seen in substance misuse clinic
44qB.	Toxicology screening test	Toxicology screening test
8B3C.	Supervised methadone consumption instigated	Drug intake observed
8I6..	Methadone treatment not indicated	Treatment not indicated
9K...	Drug Amnesty form completed	Forms - miscellaneous
8BA9.	Prescribing Regime	Detoxification dependence drug
8B3U.	Medication review due	Medication review due
<b>Ongoing Assessment</b>		
388k.	Christo Inventory completed	Christo inventory for substance-misuse services score
13WZ.	No children living with patient	Family circumstance NOS
13IX.	Child / children lives with patient	Child lives with parent
9HC2.	Recovery plan discussed and agreed	Substance misuse clinical management plan agreed
8CM..	Patient given copy of Care plan	Care plan
<b>BBV and Sexual Health Discussion</b>		
67H3.	BBV prevention & testing discussed	Lifestyle advice regarding drug misuse
13c2.	Never injected drugs	Never injecting drug user
13cJ.	History of previous injecting drug use	Previously injecting drug user
13c0.	Currently injecting	Injecting drug user
679K.	Sexual health and contraception discussion	Health education - sexual health
<b>Blood Borne Viruses</b>		
8I3p.	HIV screening declined	HIV screening declined
43C3.	HIV positive	HIV positive (S)
43C2.	HIV negative	HIV negative (S)
8I3v.	Hep C screening declined	Hepatitis C screening declined
43X4.	Antibody negative	Hep C antibody test negative



## Appendix B - Read Codes

43X3.	Antibody positive	Hep C antibody test positive
4JQE.	Antigen negative	Hep C antigen negative
4JQF.	Antigen positive	Hep C antigen positive
4JQC.	PCR negative	Hep C viral ribonucleic acid PCR negative
4JQD.	PCR positive	Hep C viral ribonucleic acid PCR positive
ZV02B	Chronic active Hep B	Hep B carrier
9kR..	Chronically infected patient review + referral status in extension	Chronic hepatitis annual review - enhanced services admin

### **Hep A & Hep B immunisation**

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2J21.	Previous Hep A infection (immune)	Hepatitis A immune
43B2.	Previous Hep B infection (immune)	Hepatitis B immune
68N1.	Up to date with immunisations	Up to date with immunisations
8I3r.	Immunisation refused	Hep B immunisation declined
65F1.	1st Hep B immunisation	1st hepatitis B vaccination
65F2.	2nd Hep B immunisation	2nd hepatitis B vaccination
65F3.	3rd Hep B immunisation	3rd hepatitis B vaccination
43b..	Post immunisation serology test	Immunology test
65F4.	Booster Hep B immunisation	Boost hepatitis B vaccination
8I3q.	Immunisation refused	Hep A immunisation declined
65FA.	1 <sup>st</sup> Hep A immunisation	1st hepatitis A vaccination
65FB.	2nd Hep A immunisation	2nd hepatitis A vaccination
65MD.	1st combined hep A & B immunisat	1st combined hep A & B vaccn
65ME.	2nd combined hep A & B immunisat	2nd combined hep A & B vaccn
65MF.	3rd combined hep A & B immunisat	3rd combined hep A & B vaccn
65MG.	Booster combined hep A&B immunisation	Booster combined hep A&B vaccn

**Appendix C**

**Drug Treatment and Recovery Plan**

**Patient Name:** \_\_\_\_\_ **CHI No:** \_\_\_\_\_

**Plan Discussed with:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>What is the current situation or problem?</b>	<b>Aim – How do you want this to be when we review this?</b>	<b>Objective – What needs to happen and who will help?</b>	<b>When will we discuss this again?</b>

# BLOOD BORNE VIRUSES

## How do people get hepatitis C, hepatitis B or HIV?



### IF YOU HAVE BEEN AT RISK ASK TO BE TESTED FOR THE VIRUSES

- Even if you have been tested before
- Treatments are available for all three viruses

### They are spread through blood or body fluids

- Even an invisible drop of blood can spread infection
- Transmission through sex can also occur, especially for HIV and hepatitis B

## YOU CAN PROTECT YOURSELF AND OTHERS BY:

- **Not** sharing ANY injecting equipment at all (needles, barrels, filters, spoons, citric or water)
- **Always** using new clean equipment – easily available
- **Not** sharing toothbrushes or razors
- **Not** sharing any piercing or tattoo equipment
- **Always** using a condom when you have sex
- **GETTING VACCINATED AGAINST HEPATITIS B**

You need at least 3 doses and one more after a year.  
(It does NOT protect you against hepatitis C and HIV)

For more information speak to  
your GP, Nurse or Drugs Worker.

For further copies please contact:  
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