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Hywel Dda
University Health Board



Local Enhanced Service Specification for Substance Misuse

1. Introduction

This Local Enhanced Service (LES) specification has been developed by Hywel Dda Health Board to provide services for people who suffer from drug misuse.

All GP practices are expected to provide essential and those additional services they are contracted to provide to all their patients. The GMS contract classifies drug misuse services as enhanced service provision.

This local enhanced service specification outlines the expected enhanced services to be provided under the scheme for drug misusing patients. It is intended 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 services.

2. Background

General Practitioners and primary care can play a pivotal role in the treatment of substance misuse. There is an increasing evidence base as to the effectiveness of the success of primary care interventions. In addition, GP prescribing potentially offers more accessible services and the normalisation of treatment in the mainstream NHS.

Hywel Dda Health Board, in line with the Carmarthenshire Substance Misuse Action Plan 2005-08 and national strategies for substance misuse, aims to increase the number of Local Enhanced service (LES) and National Enhanced Service (NES) provision for drug misuse held with GPs within Carmarthenshire, in order to provide an accessible and good quality service for drug misusing patients.

3. Service Aim

The aim of the service is to provide an accessible and good quality primary care drug service with shared care support from Pembrokeshire and Derwen NHS Trust's West Wales Substance Misuse Service to drug misusers within Carmarthenshire.

4. Service Objectives

The locally enhanced service for drug misuse has the following objectives:

- To assist the patient to remain healthy, until, with appropriate support, he or she can achieve a drug free lifestyle
- To reduce the use of illicit or non prescribed drugs
- To reduce problems relating to drug misuse, including health, social, psychological and legal problems.
- To reduce the dangers associated with drug misuse, including the risks of HIV, Hepatitis B and C and other blood borne infections, and the risk of drug related death

- To reduce criminal activity undertaken to finance drug misuse
- To improve overall personal, social and family functioning
- To assess the needs and safety of children living with problem drug users and to provide appropriate support
- To gather quantitative and qualitative outcome measures for users and providers to inform service planning

5. Service Description

5.1 Service Location

The service will be provided from the GP Practice.

5.2 Staffing

GP practices will receive support from Pembrokeshire and Derwen NHS Trust's West Wales Substance Misuse Service drug workers for patients they treat as part of the enhanced service contract.

The level and quality of support received by GP Practices from West Wales Substance Misuse service will be monitored through audits of GP practices and the West Wales Substance Misuse Service.

5.3 Operating Times

The scheme will operate within normal GP Practice opening times.

5.4 Practice Requirements for Service Provision

It is expected that the following elements of the service are already in place at GP practices for the provision of this Local Enhanced Service for drug misuse:

- An accurate register of patients
- A sequential review as appropriate
- Safe and secure practices, appropriate for the provision of such services
- A good knowledge of, and effective liaison with, local drug services and other agencies, including non – statutory services
- Links between local pharmacies, drug support workers, social services (including the Child Protection service) and local mental health and clinical health teams

5.5 Client Group and Service Provision

The locally enhanced service for drug misuse must operate within local clinical governance arrangements and the relevant recognised best practice clinical guidelines for the treatment of drug misuse as outlined in Appendix A.

It is the responsibility of the GP to ensure they operate within these guidelines.

Within this context this Local Enhanced Service for drug misuse contract funds practices to be able to:

- Develop and co-ordinate the care of drug users to include poly drug users**
- Treat dependent drug users and poly drug users with support and develop practice guidelines.**

This would involve:

- Assessment of a patient's drug use
- Identification and treatment of the common complications of a patient's drug misuse
- Development of patient care plan
- Provision, with support and in line with clinical need of the patient, a prescribing regime for opiate dependent or other patients, if necessary, for stabilisation, maintenance, withdrawal or relapse prevention, as appropriate.
- Drug testing as a tool for substantiating the current status of drug usage as a component of the assessment and ongoing monitoring package for substitute prescribing.
- Liaison with local pharmacists over supervised consumption arrangements.
- Assessment and referral of patients who have more complex needs and are opiate dependent, to local specialist substance misuse services, whilst retaining responsibility for a patient's general medical care
- Provision of harm reduction advice to a current drug user and/or his or her family
- Testing (or referral for testing) for other viruses, including HIV and Hepatitis B and C, and immunisation for Hepatitis B to at-risk individuals
- Provide drug information to carers and users as to the effects, harms and treatment options for various common drugs of use

It is expected that WWSMS drug workers will provide GPs with support in undertaking the above activities.

iii. 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

Depending on the clinical needs of patients, GPs contracted to LES, with the support of WWSMS drug workers and the Carmarthenshire Substance Misuse Clinical Group are expected to provide, where appropriate, the following community prescribing regimes for opioid dependent clients and other clients where prescribing is appropriate:

- Titration and Stabilisation on substitution opioids (e.g. methadone or buprenorphine)
- Maintenance on substitution opioids (e.g. methadone or buprenorphine)
- Detoxification from opioids with non – opioid medications (e.g. lofexidine)
- Detoxification from substitution opioids (e.g. methadone or buprenorphine)
- Relapse – prevention prescribing (e.g. naltrexone)
- Other as necessary depending on clinical need of client

It is important to note that in the treatment of opioid dependent drug misusers the evidence base is stronger for methadone and buprenorphine maintenance and that detoxification requires planned provision for aftercare, prior to detoxification being commenced.

It should also be noted that prescribing should be seen as part of a comprehensive package of care and drug problems must be dealt with in the context of the range of needs a drug user may have.

Prescribing should be considered for the following purposes:

- To reduce or prevent withdrawal symptoms
- To offer an opportunity to stabilise drug intake and lifestyle whilst breaking with previous illicit drug use and associated harmful behaviours
- To promote a process of change in drug taking and risk behaviour
- To engage client within a treatment framework

Substitute prescribing should only be considered if:

- The drug (s) is / are being taken on a regular basis
- There is convincing evidence of current dependence
- The client is motivated to change
- The assessment clearly substantiates the need for prescribing
- There is evidence that the client is willing to co-operate and demonstrate adequate compliance with the prescribing regime

There should be a clear, written Prescribing Agreement developed as part of the initial arrangements for substitute prescribing between the client, drug worker, the prescriber and pharmacists which will include:

- Goals of the prescription
- Roles of the client, drug worker and prescriber
- Agreement on the use of illicit drugs
- Arrangements for drug / alcohol screening and other arrangements
- System for dealing with requests for any change in prescription
- Review Date
- Review Arrangements if any concerns regarding compliance occur

The client will be given a copy of the written agreement and a copy will be retained by the drug workers and GPs. The Pharmacist will also sign a copy of the Prescribing Agreement.

Practitioners should only treat and prescribe to the level of practice at which they feel competent and confident.

iv. Participate in audit of prescribing practice

Practices 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 in this service specification and those laid out in the best practice clinical guidelines for the treatment of drug misuse detailed in Appendix A
- Audit of client care plans and other data
- Audit of Hepatitis B screening and immunisation data relevant to this patient population
- Audit of Prescribing Agreements

- Audit of other data as deemed necessary by Hywel Dda Health Board to satisfy clinical governance requirements

v. Operate within local Clinical Governance arrangements.

Community prescribing for substance misuse has to take place within the context of NHS Clinical Governance arrangements in Wales. Local Health Boards and NHS Trusts have the responsibility for ensuring adequate protocols are in place.

Within this environment, responsibility for prescribing lies with the prescriber who signs the prescription. This responsibility cannot be delegated.

A decision to prescribe and how much to prescribe depends on:

- The overall treatment plan of the individual client
- Department of Health Drug Misuse and Dependence Guidelines on Clinical Management, 1999 (the Orange Book)
- The best practice Clinical Guidelines listed in Appendix A

Prescribing will be in line with the Department of Health Clinical Guidelines and will take into account the recommendations for the reduction of drug-related deaths identified in the report of the Advisory Council on the Misuse of Drugs (ACMD) (2000). Prescriptions must be written in accordance with the Misuse of Drugs Regulations Act (2001), which also applies to pharmacy practice.

vi. Training and continuing professional development

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 drug misuse should have the skills to carry out the functions identified in section 5.5

In addition, doctors participating in the scheme are expected to make a commitment to:

- Completing the RCGP Certificate in Drug Misuse (Part 1) within the first six months of commencing the service
- Attend at least two meetings per year of the “ Carmarthenshire Substance Misuse Clinical Support Group”
- It is expected that the level of training required for a GP providing an enhanced service is identified in the GPs personal development plan

vii. Maintain the safety and training of clinical and non clinical staff

Hywel Dda Health Board are keen to increase the number of primary care staff qualified to undertake substance misuse work and actively encourage the training of practice and primary care staff, including nurses, pharmacists, health visitors and receptionists in substance misuse. Details of relevant courses and local training sessions can be obtained from the Health Board.

6. Monitoring and Review

Monitoring

The practice will need to collect a minimum set of data on clients, in line with the Welsh Government Performance Management Framework and local shared care clinical guidelines.

Monthly monitoring information will need to be submitted to Hywel Dda Health Board as detailed on the data collection form (Appendix B). This will include reporting on the following:

- Number of total clients at practice
- Number of patients seen in month of claim
- Number of new patients / new client episodes
- Age and gender of clients
- Type of main drug
- Usual Route of ingestion of drug use (No. injecting / no's smoking)
- No of clients ever injected
- Prescribing regime of patients - (e.g. Methadone, Subutex, Naltrexone)
- Numbers of Hepatitis B vaccinations
- Numbers of Hepatitis C identified
- Other information as necessary

Practices, with the assistance of WWSMS Substance Misuse workers, will also measure and record patient outcomes in line with the Dyfed Powys Data Collection Outcome Tools measure.

Client satisfaction will also be monitored through client satisfaction surveys / questionnaires developed by WWSMS and practices are expected to assist. In addition, practices are expected to explain the practice customer complaint procedure to clients.

Review

In addition to the six monthly audits detailed in section 5)iv, an annual review of service will be made to include the following:

- Attendance Rates
- Non Attendance Rates
- Review against outcomes
- Client Surveys / Customer Complaints
- Prescribing practices
- Financial Review

7. Accreditation

A practice may be accepted for the provision of this Local Enhanced Service if it has a team in place who have the necessary skills and experience to carry out the contracted care. The practice will need to identify a lead practitioner who will take responsibility for the delivery of

this service and ensure that all practitioners receive the training and ongoing professional development to maintain their competency to deliver this service.

For those practices signing up for the first time to this LES, please use the accreditation form found on the Primary Care intranet pages here:

<http://howis.wales.nhs.uk/sitesplus/862/page/56523>. Your GP lead should fill in this form and sign it before it is sent. **All GP accreditation requests should now be sent to Contracts Management, NWSSP.**

For those practices signing up in a subsequent year, please sign up via the Annual Return or Intention to Provide Form.

8. Costs

The service has an annual retainer paid monthly on a sliding scale, dependent on the number of drug misuse patients treated at the practice, as follows:

Number of patients	Monthly Retainer	Annual Retainer
1–19	██████	██████
20–39	██████	██████
40+	██████	██████

In addition the following monthly tariffs will be paid:

- ██████ per client per month for clients on a Buprenorphine or Methadone Maintenance regime
- ██████ per client per month for each client who is withdrawn (detoxified) from an opiate using opioid or non opiate medication

Payment for provision of the local enhanced service is dependent on the receipt of appropriate monitoring information via the data collection form on a quarterly basis (Appendix B).

9. Definitions

Choosing between maintenance and detoxification occurs at many points during treatment, starting at the first assessment and then at various points as appropriate.

Maintenance

Maintenance is suitable for patients who want to stop using illicit opioids but are unable to achieve abstinence from all opioids at present. Prescribing is long –term at effective doses individualised for each patient. The goal is harm reduction and stabilisation of life – style.

When comparing detoxification and maintenance treatment with methadone, outcomes are considerably better with long term maintenance treatment. There is some evidence to suggest this is also true with buprenorphine.

Detoxification

Detoxification can be attempted with patients who wish to detoxify from all opioids. There is a high relapse rate to heroin use unless detoxification is combined with psychosocial interventions. As such, detoxification should not normally be seen as a stand alone treatment option and should not be imposed.

Withdrawal from buprenorphine appears to be easier than from methadone and as such may be preferred for those considering a detoxification programme.

Naltrexone can be useful in some patients to prevent relapse after detoxification from opioids.

All prescribing regimes must be undertaken within guidelines listed in Appendix A.

10. Claiming Process

The claiming process is as follows:

- All Financial claims to be submitted to NWSSP Contractor Payments monthly via the Single Claim Form or Open Exeter Return (both available to download from: <http://howis.wales.nhs.uk/sitesplus/862/page/49991>)
- Data collection form to be submitted to the Hywel Dda Health Board quarterly (please use Appendix B)



References for Best Practice Guidance Documents on the Treatment of Drug Misuse

1. Department of Health, Drug Misuse and Dependence – Guidelines on Clinical Management, 1999

These Guidelines are written for all doctors. They are intended for those doctors who are 'generalists' in the sense that they do not have any particular expertise in drug misuse (e.g. general practitioners, physicians, surgeons and obstetricians); and for those practitioners who have varying degrees of training and expertise treating drug misusers, including specialists in drug misuse and some general practitioners.

Copies can be found on the Department of Health website at the following address:

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009665&chk=k9LrB5

2. The following Royal College of General Practitioners Guidance (RCGP) documents should be referred to in addition to the above Department of Health Clinical Guidelines as they contain up to date, best practice guidelines:

- RCGP Guidance for the use of Methadone for the treatment of opioid dependence in primary care, 1st Edition, 2005
- RCGP Guidance for the use of Buprenorphine for the treatment of opioid dependence in primary care, Revised 2nd Edition 2004
- RCGP "Starting Methadone safely" flyer
- RCGP Guidance for Hepatitis A and B vaccination of drug users in primary care and criteria for audit, 1st Edition 2005
- RCGP Guidance for working with cocaine and crack users in primary care, 1st Edition 2004

A copy of each of the above Royal College of General Practitioner Guidance documents should be enclosed with this copy of your Local Enhanced Service contract for reference purposes.

Further copies can currently be accessed on the Substance Misuse Management in General Practice website at the following address: <http://www.smmgp.org.uk/html/guidance.php>

3. Guidance on Prescribing Benzodiazepines to Drug Users in Primary Care, Substance Misuse Management in General Practice (SMMGP) document, October 2005 Update.

Additional copies can be obtained from the Substance Misuse Management in General Practice website at www.smmgp.org.uk.

The Substance Misuse Management in General Practice also produces a national newsletter on substance misuse management in primary care called "Network". Copies can be obtained from their website at www.smmgp.org.uk



**Directed, National and Local Enhanced Services for Drug Misuse
Data Collection Form**

This form is to be used by a Practice to provide monitoring information for the provision of the Local Enhanced Services for drug misuse as outlined in the supporting service specification. Data should be submitted quarterly to Joanna Dainton at Hywel Dda Health Board. Please note financial claims are made on the single claim form and submitted on a monthly basis to NWSSP Contractor Payments

Doctor/Practice Name.....

W..... (Please enter practice code)

Quarter Period

Please indicate the following as at end of the quarter:

<ul style="list-style-type: none"> Total Number of drug misuse patients at Practice 	
<ul style="list-style-type: none"> Total number of Patients seen in quarter of claim 	
<ul style="list-style-type: none"> Number of patients seen in quarter of claim who are new patients / new client episodes 	
<ul style="list-style-type: none"> Number of total clients who have been given Hepatitis B vaccinations 	
<ul style="list-style-type: none"> Number of total clients identified as having Hepatitis C 	
<ul style="list-style-type: none"> Number of total clients identified as having ever injected 	

Please complete the following profile for ALL drug using patients as at end of quarter:

	Total Male	Total Female
<i>Please indicate the numbers of drug misuse patients aged:</i>		
Under 16		
16 - 18		
18 - 21		
21 - 29		
30 - 49		
50 - 59		
60+		
Total Number of clients who usual route of ingestion is smoking		
Total number of clients whose usual route of ingestion is injection		
Please indicate the number of clients on the following prescribing regimes as at end of quarter of claim:		
<ul style="list-style-type: none"> • Titration and stabilisation on substitution opioids 		
<ul style="list-style-type: none"> • Maintenance on Methadone 		
<ul style="list-style-type: none"> • Maintenance on Buprenorphine 		
<ul style="list-style-type: none"> • Detoxification using opioid medication 		
<ul style="list-style-type: none"> • Detoxification using non – opioid medication 		
<ul style="list-style-type: none"> • Relapse prevention prescribing (e.g.naltrexone) 		
Please indicate main patient problem drug:		
<ul style="list-style-type: none"> • Amphetamine 		
<ul style="list-style-type: none"> • Alcohol 		
<ul style="list-style-type: none"> • Benzodiazepines 		
<ul style="list-style-type: none"> • Cannabis 		

	Total Male	Total Female
• Cocaine		
• Crack		
• Ecstasy		
• Hallucinogens		
• Heroin		
• Methadone		
• Steroids		
• Other		

TO BE COMPLETED BY THE DOCTOR/PRACTICE

- I/we have accepted patients for the relevant enhanced service as detailed in the lists retained in the practice, which gives their details by reference to their NHS number
- I confirm that the person(s) undertaking the enhanced service has/have been approved by Hywel Dda HB as having the required level of expertise.

DECLARATIONS AND CLAIM

I/we supply the above information in support of the financial claims made to the BSC on a monthly basis. An audit trail is available at the Practice for inspection by the LHB's authorised officers or officers acting on its behalf by BSC Wales and auditors appointed by the LHB and Audit Commission.

Authorised Signature:

Date: / /

(On behalf of the practice)

Name:

Practice Stamp:

Please submit this form to Joanna Dainton at Hywel Dda Health Board, Block 6, Prince Phillip Hospital, Llanelli SA14 8QF on a quarterly basis.

Please note financial claims are made on a monthly basis to NWSSP Contractor Payments using the single claim form.