

**GP ENHANCED SERVICES PROGRAMME:
DRUG DEPENDENCE NES 2022/2023**

This contract is between NHS Lothian and:

| | |
|------------------------|--|
| Practice Name | |
| Practice Number | |

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 and review interventions, including any relevant Recovery Care Plans.
- (v) Safe and secure practice.

B. Practices providing this service should:

- (i) Develop and co-ordinate the care of people who use drugs and develop practice guidelines. Practices must have knowledge of local and national drug policies and clinical guidelines as well as local referral, detoxification, Injection Equipment Provision and peer support services.
- (ii) Treat people who are dependent on drugs (or have problematic drug use) with support which may be from, for example, nurses with specialist interest and specialist or non statutory providers. This 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) Promote the discussion of, and testing for, Blood Borne Viruses with patients at risk from injecting, sexual contact, snorting cocaine or smoking crack cocaine. Encourage the engagement of those with chronic BBV infection with treatment and support services.
- (v) Endeavour to protect all patients from hepatitis B infection by providing full immunisation courses when appropriate and completing partially completed courses.
- (vi) Maintain awareness of relevant child and adult protection procedures and local guidelines on the care of children and families including the need for appropriate sharing of information.
- (vii) Participate in audit of interventions and prescribing practice by agreeing that practice specific data can be accessed and analysed by the Primary Care Facilitation Team. This data can be shared with the Substance Misuse Service and, fully patient_anonymised, within localities and GP Clusters to promote service development. Data sharing will be governed by Caldicott guidelines.

- (viii) Maintain the safety and training of clinical and non-clinical staff.
- (ix) 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 GMS provider regarding these patients to ensure transfer of relevant information in both directions

C. Audit and support

The Primary Care Facilitation 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 will be prepared by the PCFT and include analysis based on audit data submitted by participating practices. Practice performance indicators are defined by the Substance Misuse Enhanced Service Development Group on behalf of NHS Lothian and the contract will be reviewed by this group in conjunction with the GMS Contracts Group and the Local Medical Committee on an annual basis. The following audit data must be submitted by practices in the prescribed format every 3 months using the software provided (BlueBay/Vision+). This data should be submitted as soon as possible after the end of each quarter - end of June, September, December and March - and, at the latest, by the 10th of the following month. If there are exceptional reasons for delay, or difficulty, in submitting data, this must be notified promptly to the PCFT. Payment appeals should be made as soon as possible to the PCFT for forwarding to the GMS Contracts Group. Any problems with the software supporting this contract should be reported to the Lothian GMS facilitators.

MANDATORY DATA required to support audit and payment (see section E):

- (i) Patient's 10 digit CHI number
- (ii) Number of face to face drug dependence related attendances (or, in exceptional circumstances, telephone or video consultations)
- (iii) Date of most recent toxicology

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 B and C and HIV prevention activity including discussion of BBV risks and testing and Hepatitis B immunisation if indicated
- (ii) Current Take Home Naloxone (Prenoxad) supply status for opiate dependent patients
- (iii) Date of most recently available Recovery Care Plan
- (iv) Date of completion of an Outcome Measure tool if available (e.g. Christo Inventory)

Prescribing data relevant to common drugs of dependence or problematic use will be collected centrally by the PCFT from ISD's Prescribing Information System and matched to the Drugs Dependence NES patient CHI numbers.

- (i) In order for full analysis of drug dosage and dispensing data to be audited to support clinical governance in relation to the evidence base and local/national guidelines it's essential that prescriptions are written in a format that allows capture of this information. See appendix 1
- (ii) Currently PIS data is not fully available for nurse non-medical prescribers. Where a practice employs an NMP the PCFT may source prescribing data via eHealth or ask the practice to carry out a local search for this data quarterly.
- (iii) The drug information sourced from practices will include those used for opiate substitute therapy as well as drugs commonly prescribed to drug users in relation to their addiction. This includes other drugs implicated in drug related deaths.

D. Knowledge, skills and attitudes - a practitioner providing the enhanced services in drugs and substance dependence should maintain the appropriate level of competence to deliver this service and have the skills to:

- (i) Positively engage with patients and support their recovery journey
- (ii) Perform a comprehensive evaluation of patient's drug use
- (iii) Carry out a bio-psycho-social assessment and, when indicated, refer to appropriate services

- (iv) Provide risk reduction advice to people who use drugs and their family/carers
- (v) Discuss and test (or refer for testing) for blood borne viruses, including HIV, HCV and HBV and refer those with chronic BBV infection as required
- (vi) Discuss sexual health including preconception and contraception advice with all people who use drugs
- (vii) Carry out immunisation for Hepatitis A and B according to current guidelines
- (viii) Utilise the range of evidence based care and treatment options available for drug dependence including pharmacological interventions
- (ix) Identify and treat the common complications of drug dependence and problematic drug use.
- (x) Provide drug information as needed to users, families and carers as to the effects, risks and care/treatment options for the various common drugs of dependency/recreational use
- (xi) Work in a positive multidisciplinary manner in partnership with other service workers.

Take Home Naloxone – Best practice

- (i) Know about Take Home **Naloxone** and how best to promote its uptake
- (ii) Aim to ensure that all patients prescribed opiate substitute therapy and/or using illicit opiates have access to Take Home Naloxone by delivering a brief intervention about its appropriate use and supplying a THN kit from stock order or prescribing it as Prenoxad or by signposting to local services.

E Patients qualifying for NES payment

- (i) Each practice contracted to provide these services will receive a fee of £380.40 per qualifying patient, per annum paid quarterly in arrears
- (ii) Patient seen in face to face consultations twice or more in preceding 6 month period regarding their drug use (or, in exceptional circumstances, by video or telephone consultation).
- (iii) Patient has a record of toxicology in preceding 12 months.
- (iv) The majority of claims will be for patients receiving substitute medication for their drug dependence in Primary Care. Claims can also be made for patients who are not in receipt of a prescription provided they are being seen with regards to their drug use and fulfill the qualifying criteria.
- (v) The majority of claims will be for patients receiving substitute medication for their drug dependence in Primary Care. Claims can also be made for patients who are not in receipt of a prescription provided they are being seen with regards to their drug use and fulfill the qualifying criteria. Their drug use may not be suitable for substitute prescribing or they may have come off their prescription, be drug free, but still be seen for support and relapse prevention.
- (vi) Claims may be made for patients who are undergoing assessment or titration by a specialist service, subject to the criteria and the agreement of the practice to resume drug related care on discharge from the specialised service.
- (vii) Claims for payment should not normally be made for patients who are receiving ongoing maintenance care and prescribing from a specialist service, or who are subject to a Drug Treatment and Testing Order (DTTO).
- (viii) Claims can be made for consultations when a patient is seen by a practice attached or affiliated community nurse, or non medical prescriber, if medical advice or supervision relating to prescribing or other drug related interventions has been given by the claiming practice.
- (ix) If there are exceptional circumstances where the criteria for payment have not been fulfilled, but the patient has been receiving clinically appropriate care, an appeal on an individual patient basis can be submitted to the PCFT and will be considered by the GMS Contracts Group and, where appropriate, the Substance Misuse Enhanced Service Development Group.
- (x) Patients who have iatrogenic drug dependence and are dependent solely on non illicit prescribed drugs are not eligible for payment.

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.