GP ENHANCED SERVICES PROGRAMME:
DRUG MISUSE - NES 2018-19

This contract is between NHS Lothian and

Practice Name: ____________________________
Practice No: ______________________________

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 Recovery Plans.
   (v) Safe and secure practice.

B. Practices providing this service should:
   (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 as well as local referral, detoxification and peer support services.
   (ii) Treat dependent drug users 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 and the engagement of those with chronic BBV infection with secondary care and support services.
   (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.
C. 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 on the service will be prepared by the PCFT based on audit data submitted by participating practices. This will include the following:

(i) Attendance for drug misuse related consultations
(ii) Treatment interventions
(iii) Recovery care planning

D. 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 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. Any problems with the software supporting this contract should be reported to the Lothian GMS facilitators.

MANDATORY DATA required to support audit and payment:

(i) Patient’s 10 digit CHI number
(ii) Number of face to face drug misuse related attendances
(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) Date of annual review of Recovery Care Plan
(iii) Date of completion of an Outcome Measure tool (e.g. Christo Inventory)
(iv) Current Take Home Naloxone (Prenoxad) supply status for Opiate dependent patients

Prescribing data relevant to common drugs of misuse will be collected centrally by the PCFT from ISD’s Prescribing Information System and matched to the Drugs Misuse NES patient CHI numbers. Currently PIS data is not fully available for nurse non medical prescribers: where a practice employs a nurse NMP, they may be required to carry out a local search for this data quarterly.

E. Knowledge, skills and attitudes - a practitioner providing the enhanced services in drugs and substance misuse should have the skills to:

- Positively engage with patients and support their recovery journey
- Perform a comprehensive evaluation of patient’s drug use
- Carry out a bio-psycho-social assessment and, when indicated, refer to appropriate services
- Provide appropriate risk reduction advice to a current drug user or their family/carers
- Discuss and test (or refer for testing) for blood borne viruses, including HIV, HCV and HBV and refer those with chronic BBV infection appropriately
- Discuss sexual health including preconception and contraception advice with all drug users
- Carry out immunisation for Hepatitis A and B according to current guidelines
- Utilise the range of appropriate evidence based care and treatment options available for drug misuse including pharmacological interventions
- Identify and treat the common complications of drug misuse
- Provide drug information as appropriate to users, families and carers as to the effects, risks and care/treatment options for the various common drugs of misuse
- Work in a positive multidisciplinary manner in partnership with other service providers
Take Home Naloxone – Best practice

- Know about Take Home Naloxone and how best to promote its uptake
- Aim to ensure that all patients prescribed opiate replacement therapy have access to Take Home Naloxone by signposting to local services or by delivering a brief intervention about its appropriate use and prescribing it as Prenoxad.

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. GPs contracting to do this work should be able to 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.

G. Pricing and Payment Arrangements

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

H. Patients qualifying for NES payment

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). 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, and/or are drug free, and are still being seen for support and relapse prevention. 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 Substance Misuse Enhanced Service Development Group.

Qualifying criteria:

(i) Patient seen in face to face consultations twice or more in preceding 6 month period regarding their drug use.
(ii) Patient has a record of toxicology in preceding 12 months.

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

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.

Signed: ____________________________ for and on behalf of the practice

Date: ________________________________

Signed: ____________________________ for and on behalf of NHS Lothian

Date: ________________________________