**Specialist Shared Care of Patients with**

**Drugs Misuse Service Specification**

**(Public Health Contract)**

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| Document control (for internal use only) |
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###### Agreement to Provide

By offering this service the Contractor agrees to comply with all requirements under the Bucks County Council Public Health Contract.

1. **Purpose of service**

The service will offer Shared Care.

The “Drug Misuse and Dependence: Guidelines on Clinical Management” define shared care as: *“The joint participation of specialists and GPs (and other agencies as appropriate) in the planned delivery of care for patients with a drug misuse problem, informed by an enhanced information exchange beyond routine discharge and referral letters. It may involve the day-to-day management by the GP of the patient’s medical needs in relation to his or her drug misuse. Such arrangements would make explicit which clinician is responsible for the different aspects of the patient’s treatment and care. These may include prescribing substitute drugs in appropriate circumstances”*

1. **Service Outline**

***3.1 Background***

In Buckinghamshire, specialist drug treatment services are provided by the Structured Treatment and Recovery Service (STARS). The service has three team bases, Aylesbury, High Wycombe and Chesham and also offers satellite clinics dependent upon need.

STARS provide comprehensive assessments, specialist prescribing, community and in-patient detoxification, structured psychosocial interventions, structured day care, access to residential rehabilitation.

***3.2 Service Prerequisites***

The following elements of the service need to be in place already for the purpose of this specification:

* Established links with the GP liaison nurses who will support the practices engaged in the scheme.
* An accurate register of patients receiving treatment for a substance misuse problem excluding alcohol.
* A sequential review as appropriate (formal GP review every three months for maintenance patients and monthly for detoxification patients; GP shared care reviews with GP Liaison Nurses, and where appropriate the patient, every four weeks for maintenance patients and every two weeks for detoxification patients).
* Safe and secure practices, appropriate for the provision of such services.
* Facilities and administrative support to enable the GP liaison nurses to undertake regular patient reviews within the practice.
* A good knowledge of, and effective liaison with, local drug services and other agencies, including non-statutory services, which are SMART and other wrap around services.
* Links between local pharmacies, primary care drug support workers, social services (including the Child Protection Service) and local mental and clinical health teams.
* Mechanisms to return patients to secondary care within a five to ten day timescale where their management becomes problematic or more complex.

***3.3 Service Outline***

This enhanced service will fund practices to be able to:

1. Develop and co-ordinate the care of drug users and develop practice guidelines. Practices must have knowledge of local and national guidance including prescribing and detoxification procedures.
2. Treat dependent drug users with support. This should be available from, for example, GP liaison nurses, community pharmacists, and lead clinicians in the local specialist providers. It includes the prescribing of substitute (opiate and non-opiate) drugs including antagonists using best practice as outlined in the Department of Health’s drug misuse clinical guidelines and NICE guidance.
3. 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.
4. Participate in audit of prescribing practice. The practice will be required to submit audits on a six-monthly basis in accordance with the protocol.
5. Act as a resource to practice colleagues in the care of drug users.
6. 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. This may be achieved by attendance at the appropriate RCGP training course completed within one year of commencement of this service and updated every two years, attendance at annual local training events and through routine support of specialist GP liaison nurses and doctors.
7. Maintain the safety and training of clinical and non-clinical staff (including reception staff). Complex and demanding patients will be identified through an agreed protocol and will be returned to management within the secondary care setting. Patients appropriate for treatment within general practice will be required to sign a contract with the practice agreeing acceptable levels of behaviour and the consequences of non-compliance
8. Provide effective means of communication. Where a patient being treated under the scheme by the providing practice remains on the list of another practice (the registered practice) for the provision of primary medical services there must be an effective means of communication and sharing information between practices.

***3.4 Patient Pathway***

This service will be a managed access service with one point of entry for assessment.

1. Blood Borne Virus (BBV) screening and vaccination by all GPs
2. Referral of appropriate cases to STARS
3. Full assessment by STARS
4. Care plan agreed
5. Patients suitable for primary care based treatment referred to practices participating in this enhanced service based on availability of treatment places and patient choice
6. GP liaison nurses will co-ordinate the agreement to be jointly signed by the GP, community pharmacist, STARS and the patient, setting out treatment compliance requirements.
7. STARS to care plan other interventions for patients where appropriate and available
8. STARS to deliver shared care support via the specialist GP Liaison Nurses
9. Community pharmacists to deliver daily, supervised consumption of methadone for the first three months where appropriate
10. Should a patient become more complex in terms of needs and unsuitable for this enhanced service, STARS will prioritise a return of the patient to their care within five to ten working days
11. **Accreditation and Competencies**

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 nominated member of the GP Liaison Nursing Team will support a practitioner providing enhanced services in drug misuse. The practitioner should have the skills to:

* identify and treat the common complications of drug misuse
* carry out an assessment of a patient’s drug use
* provide harm reduction advice to a current drug user and his or her family
* test (or refer for testing) for BBV, including HIV, Hepatitis B and C, liver function tests, and provide immunisation for hepatitis A and B.
* provide drug information to carers and users as to the effects, harms and treatment options for various common drugs of use
* assess and refer appropriately, patients for drug misuse substitution treatment
* Utilise the range of commonly used treatment options available for treatment including pharmacological interventions according to local guidelines and formulary.
* be aware of local and national policy and guidance
* work in an appropriate multidisciplinary manner

***4.1 Appraisal criteria***

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

It is expected that one GP from each practice providing this enhanced service has attended the RCGP certificate part one training course by the end of 2014-15 or holds a certificate which has been completed within the last 2 years.

Arrangements for continuing professional development will be agreed with Buckinghamshire County Council including regular monitoring meetings attended by participating practices and specialist service providers.

##### **Monitoring**

Activity may be drawn from PACT data to confirm figures and information provided about the service delivered on request.

The STARS provider will input details of shared care activity onto the case management system and subsequently, client consent dependent, upload this information to NDTMS via a monthly upload.

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.

1. **Audit**

The contractor will be asked for evidence to demonstrate that the service was provided in accordance with this specification.

The contractor will be asked to provide evidence to substantiate activity for which payment is claimed. The contractor should ensure that such evidence is available on request.

Buckinghamshire County Council reserves the right to request evidence or information that the contractor is providing the service in a way that is safe, convenient and in accord with the requirements of this specification. The contractor is required to comply with all reasonable requests for evidence or information

1. **Notice**

In order for either party to terminate this agreement there will be a three month notice period.

1. **Payment**

The tariff for payment is set below.

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| ***Fee*** | ***Payment (£’s)***  |
| Retainer of £500 per practice, with an extra £500 for participating GPs if RCGP training or its equivalent is undertaken | £257.92 per patient per year |

Payments will be made quarterly based on claims submitted by practices.

1. **Contacts**

If you have any queries about this specification or about the delivery of the service, please contact:

DAAT Commissioner

Buckinghamshire Drug and Alcohol Team

Buckinghamshire County Council

County Hall

Walton Street

Aylesbury

Bucks

HP20 1UA

Tel: 01296 382798

Email: phcontracts@buckscc.gov.uk