

Primary Care: Earning its place

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Substance Misuse Management Project

Primary Care: Earning its place

- Background
- Aims
- Methods
- Findings
- Conclusions
- Recommendations

Background

- National Drug Strategy
- Task Force Review
- General Medical Services: Essential, Additional and **Enhanced**
- Shared Care
- Substance Misuse Management Project (SMP)

Shared Care

- “...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.”

Department of Health, 1995

Background

The SMP was a pilot initiative funded with HIV monies for 3 years in July 1995. The broad aims of the project were as follows:

- to extend and support the role of GPs willing to work with harm minimisation, the management of substance misuse, and the prevention of HIV infection and spread among injecting patients;
- to encourage a more widespread acceptance of manageable numbers of substance users in a larger spread of practices and to provide more support for GPs in meeting drug users' general primary care needs and specific drug-use related needs;
- to explore varying models of GP involvement which facilitate an improved balance of roles and collaboration between primary care and other agencies.

Service Provision

- Shared Care Clinics.
- Liaison.
- Hepatitis B Vaccination. Hep C and HIV Testing.
- Training and Development.
- In-practice Training for GP Practices staff and GPs on requests.
- Supervised Consumption Access for patients at the GP Practice.
- Dual Diagnosis Specialist Advice and Assessment
- Certificate in the Management of Drug User's Part 1
- Administration Costs for the process of the Claims for Shared Care clients and Supervised Consumption patients.
- Regular update mail on evidence based practice

Aims of Study

- to extend and support the role of GPs willing to work with the management of substance misuse;
- to explore varying models of GP involvement which facilitate an improved balance of roles and collaboration between primary care and other agencies.
- to monitor and evaluate good practice across Brent and Harrow.

Methods

- The study was designed as a cross sectional survey of GP activity and patient characteristics. Key areas for evaluation included:
 - the contribution of the SMP to GP activity;
 - the socio-demographic, drug use and treatment characteristics of patients;
 - treatment delivery and management;
 - Special Attention was given to Injectable Prescribing.

Sample

The evaluation was designed a case review of 338 cases from clinical notes gathered from all GPs with whom the SMP were working in Brent and Harrow, and who were treating opiate dependent drug users.

Setting up the scene

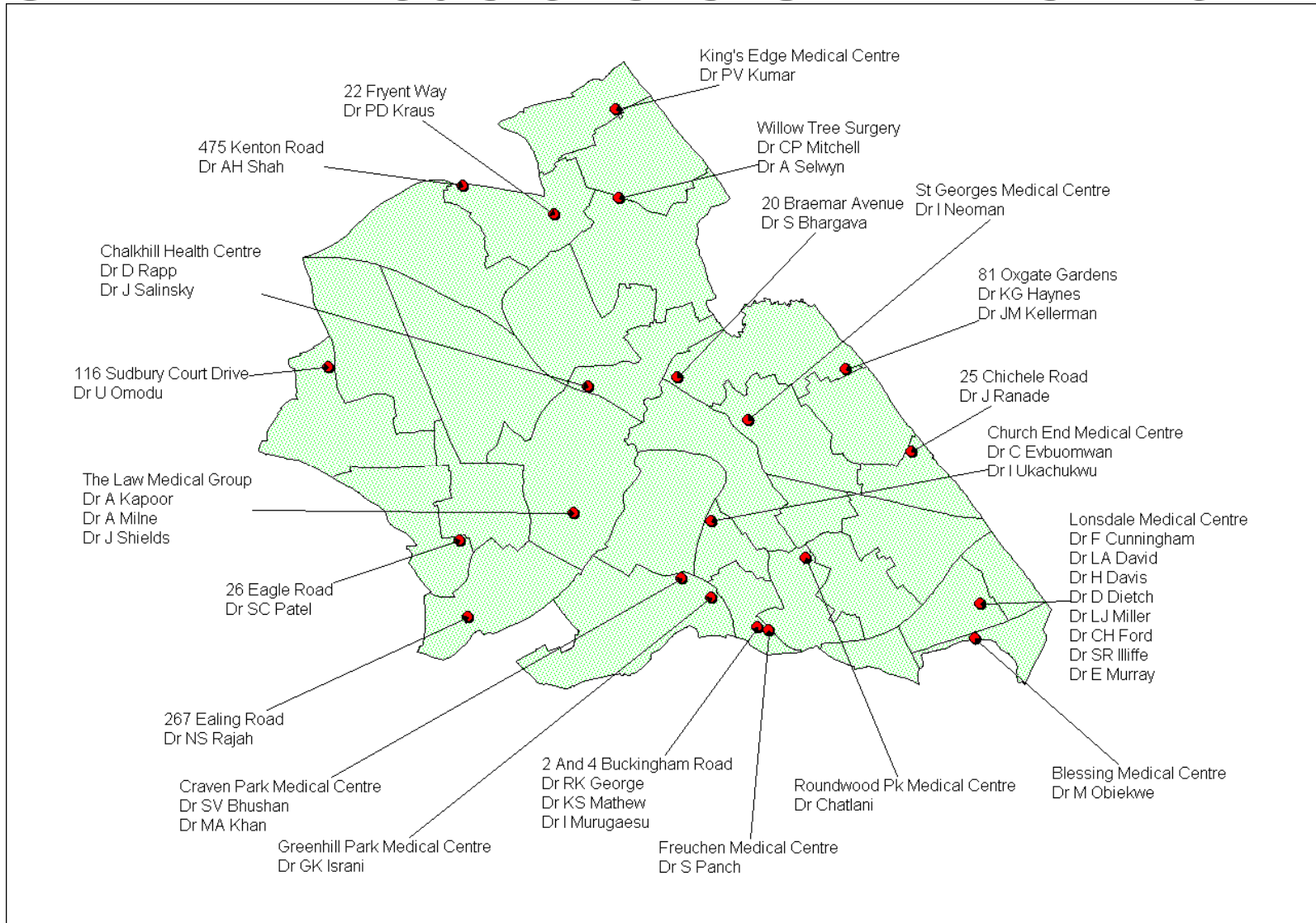
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GP Practices Brent

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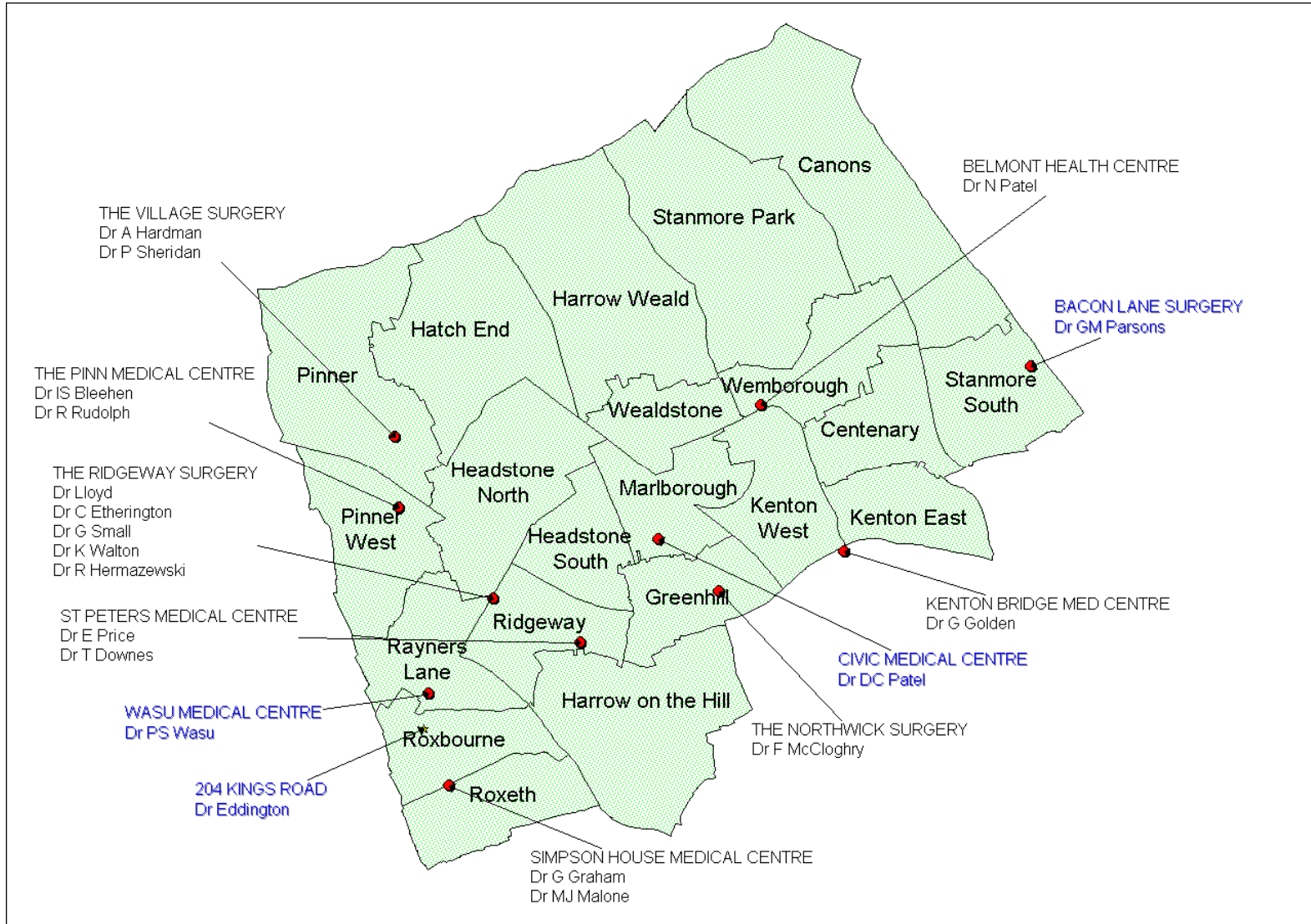
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GP Practices Harrow

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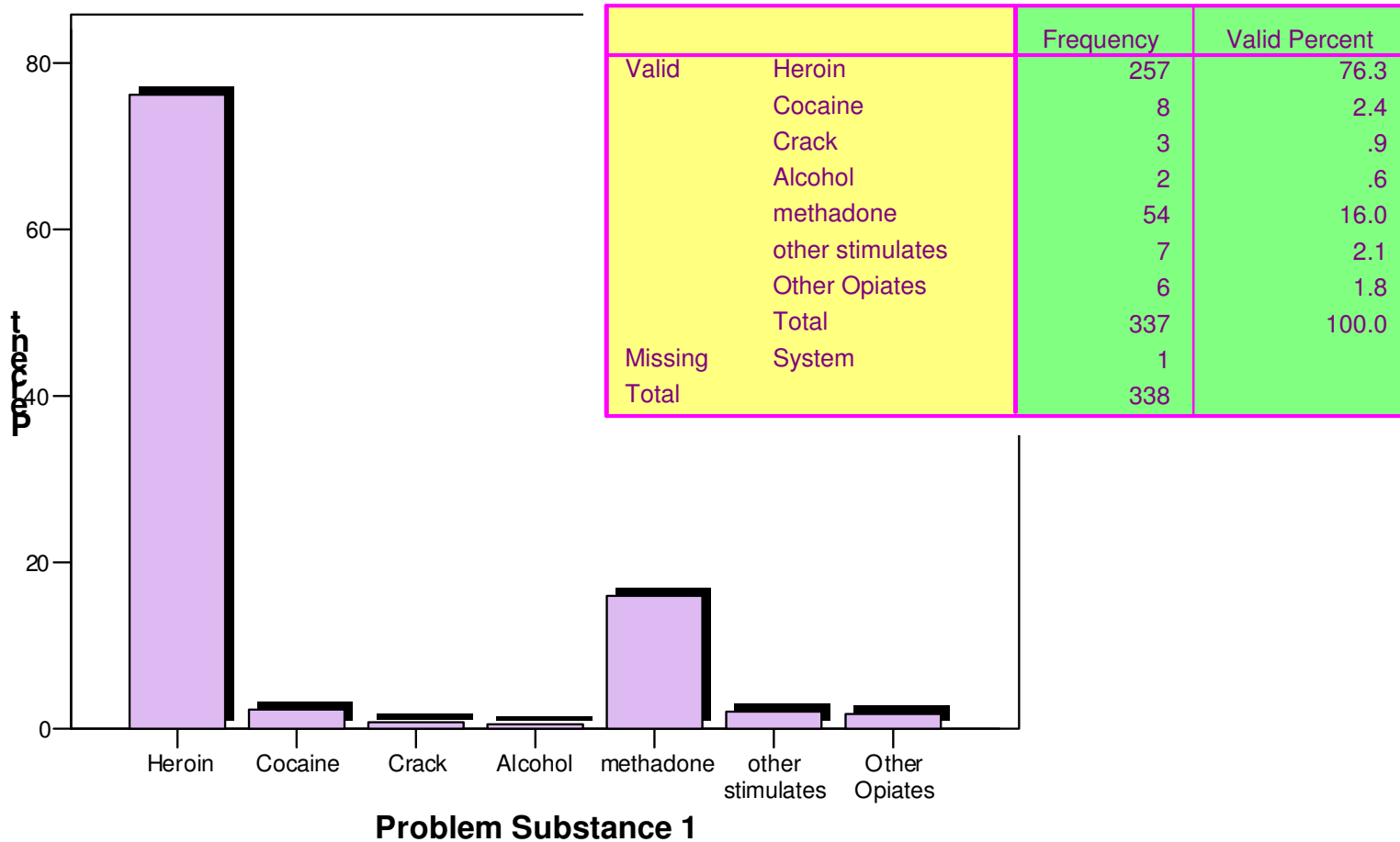


Problem Substance 1

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Problem Substance 1

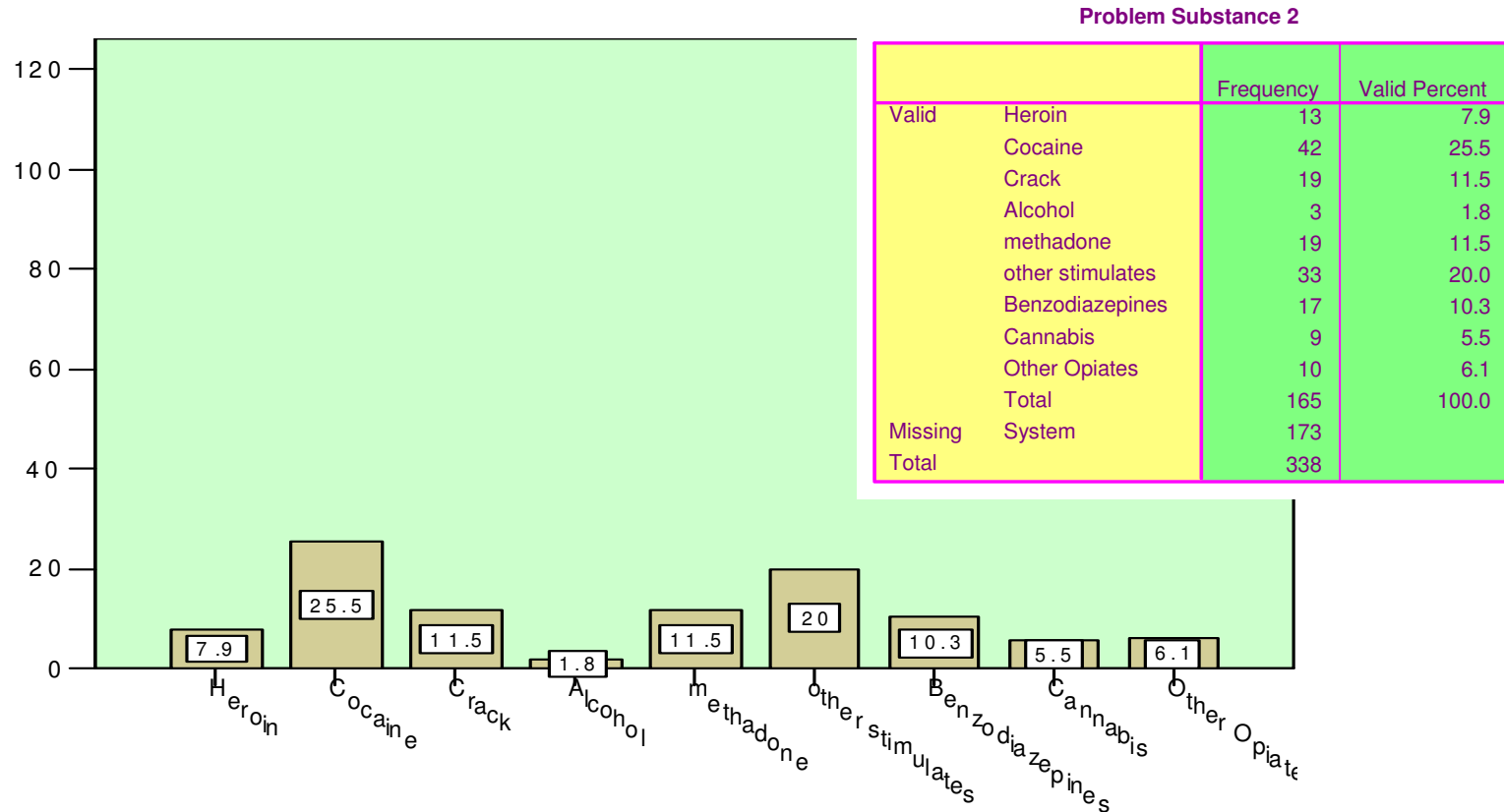


Problem Substance 2

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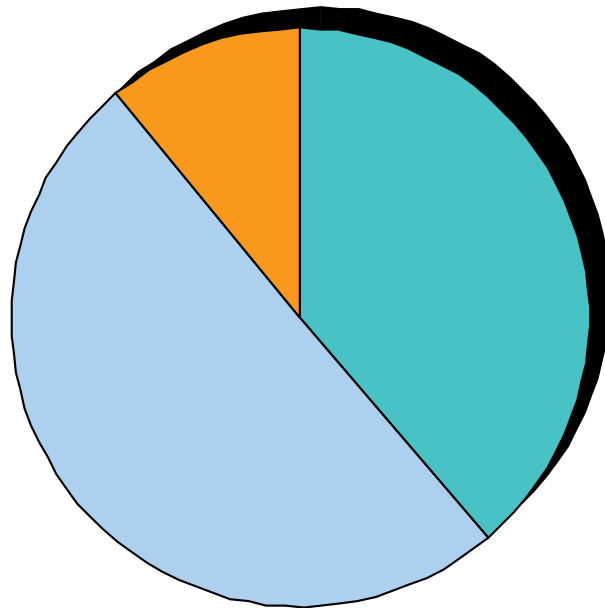
Problem Substance 2



Problem Substance 2

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evidence of polydrug use



- yes
- no
- not known

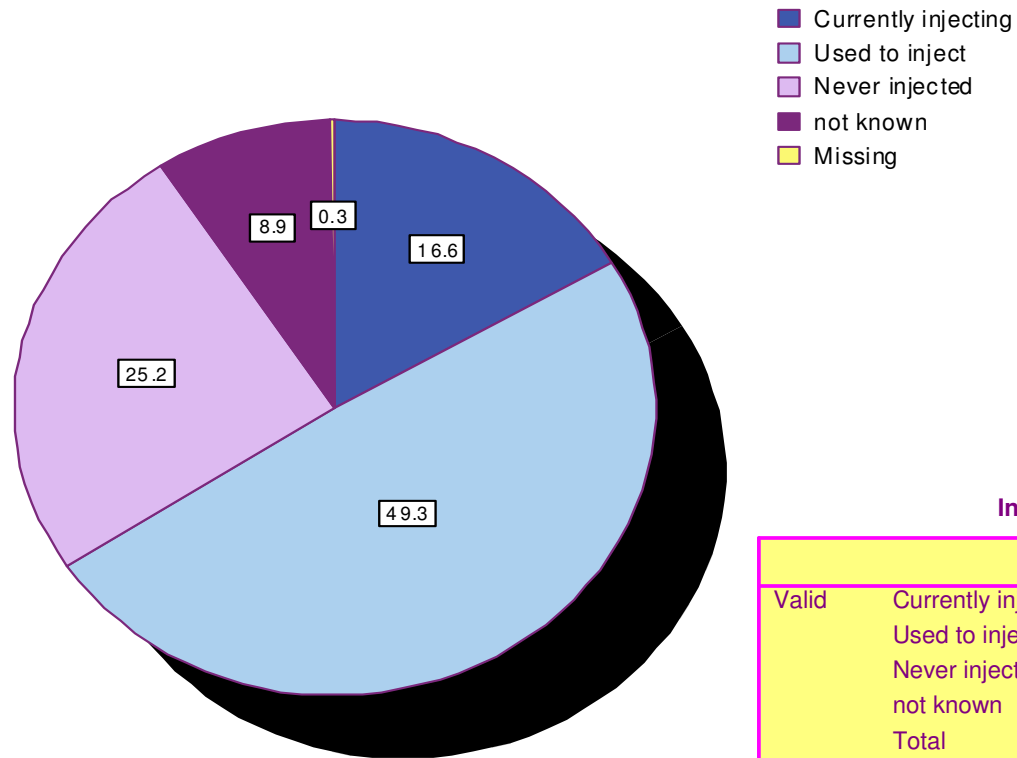
evidence of polydrug use

	Frequency	Valid Percent
Valid yes	131	38.8
no	170	50.3
not known	37	10.9
Total	338	100.0

Injecting Status

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Injecting Status

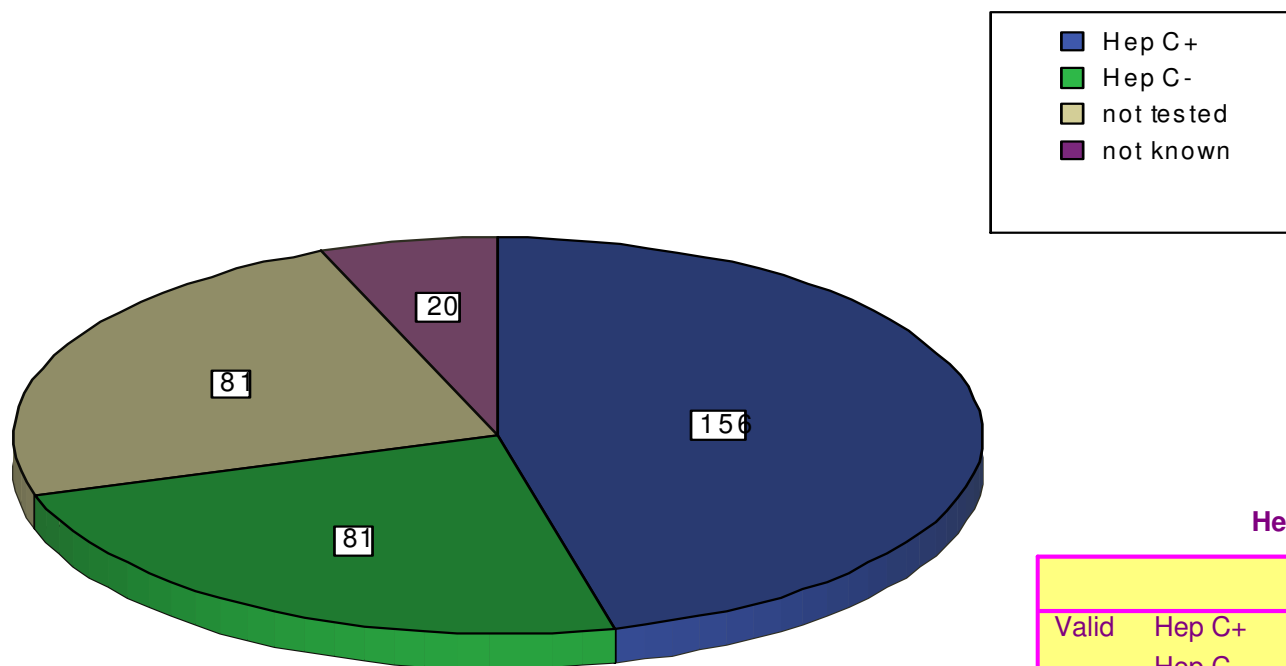


Injecting Status		Frequency	Valid Percent
Valid	Currently injecting	56	16.6
	Used to inject	166	49.3
	Never injected	85	25.2
	not known	30	8.9
	Total	337	100.0
Missing	System	1	
Total		338	

Hepatitis C

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Hep C status

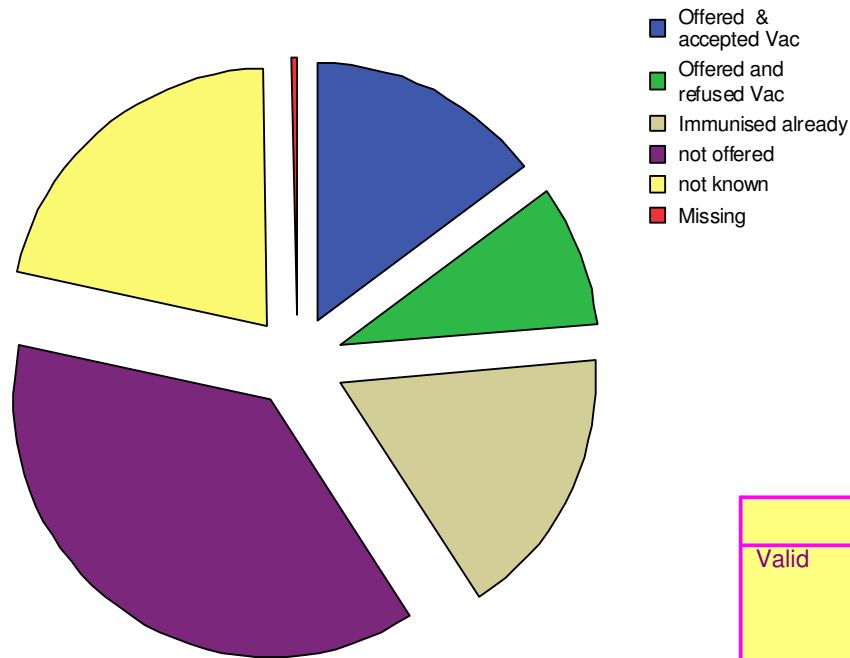


Hep C status

		Frequency	Valid Percent
Valid	Hep C+	156	46.2
	Hep C-	81	24.0
	not tested	81	24.0
	not known	20	5.9
	Total	338	100.0

Hepatitis B

Hep B status



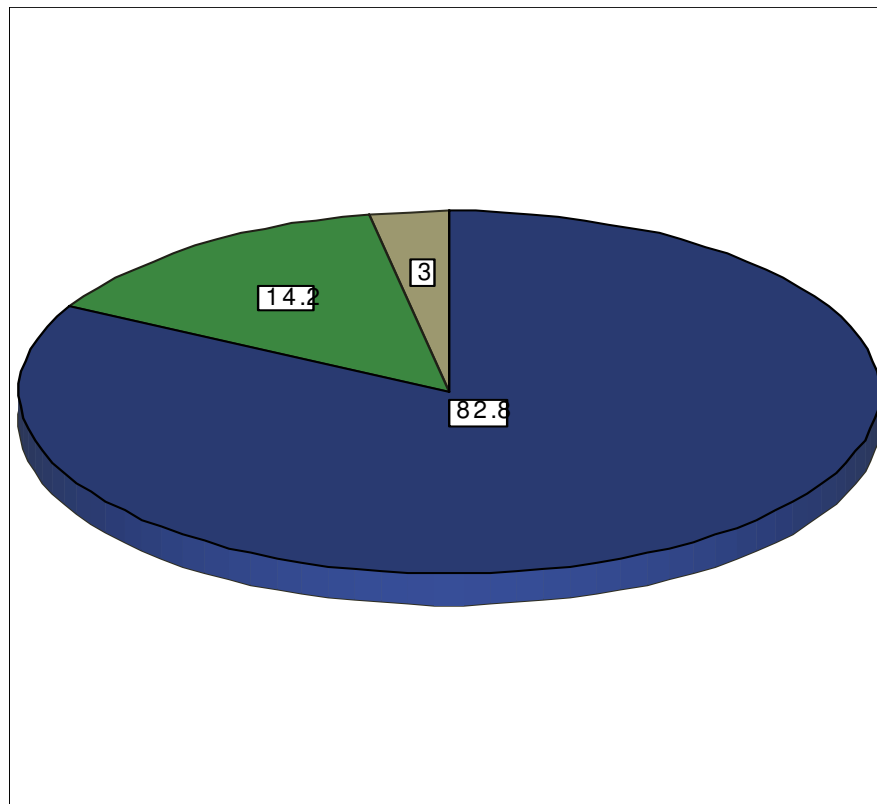
Hep B status

		Frequency	Percent
Valid	Offered & accepted Vac	50	14.8
	Offered and refused Vac	30	8.9
	Immunised already	58	17.2
	not offered	127	37.6
	not known	72	21.3
	Total	337	99.7
Missing	System	1	.3
	Total	338	100.0

Medical Complications

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medical problems/complications identified



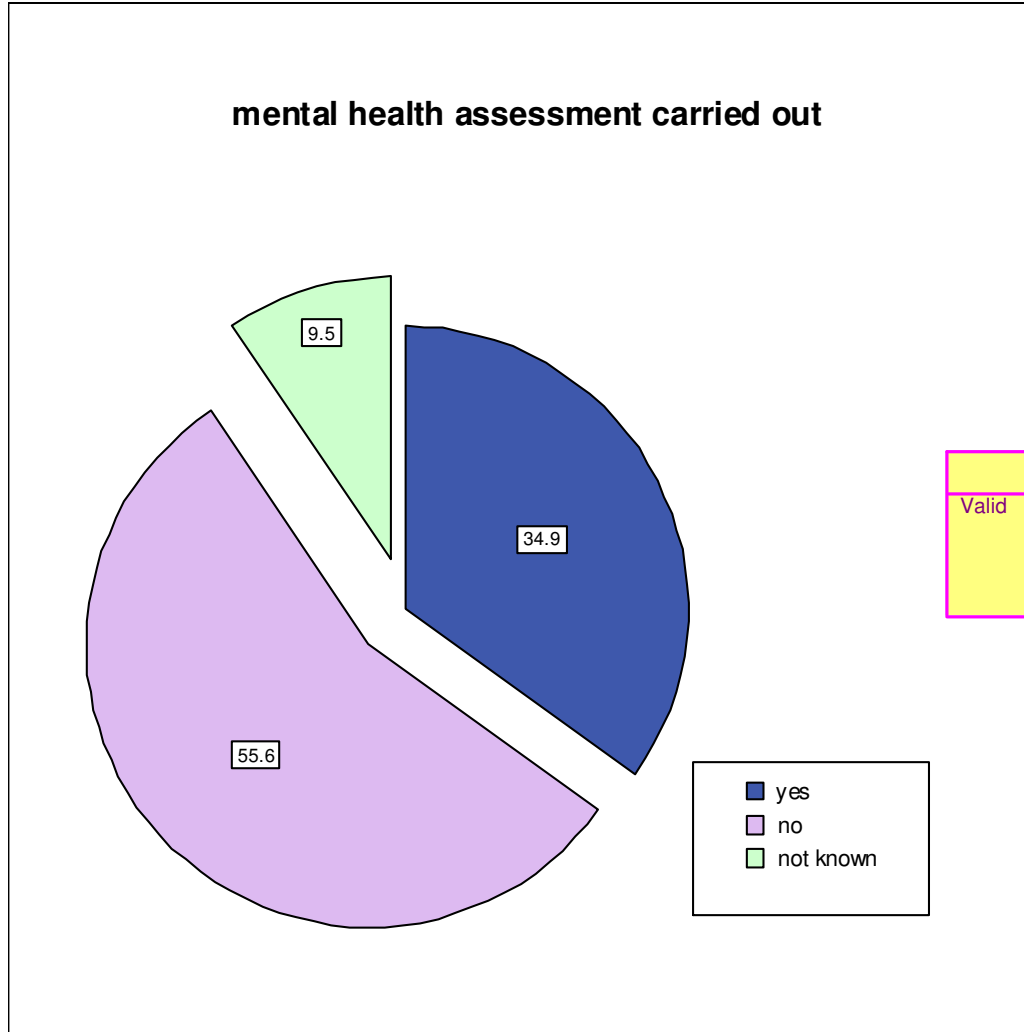
■ yes
■ no
■ not known

medical problems/complications identified

		Frequency	Valid Percent
Valid	yes	280	82.8
	no	48	14.2
	not known	10	3.0
	Total	338	100.0

Mental Health

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mental health assessment

	Frequency	Valid Percent
Valid yes	118	34.9
no	188	55.6
not known	32	9.5
Total	338	100.0

Prescribed Drugs 1 & 2

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Prescribed Drug 1

Count		Total
Prescribed Drug 1	methadone mixture	186
	methadone tablets	48
	methadone injectable	40
	Buprenorphine	38
	Naltrexone	2
	Diazepam	3
	other benzos	1
	dexamphetamine	4
	Dexedrine	1
	Other opiates	8
Total		331

Prescribed Drug 2

Count		Total
Prescribed Drug 2	methadone mixture	10
	methadone tablets	7
	methadone injectable	8
	Buprenorphine	4
	Naltrexone	1
	Diazepam	75
	Temazepam	9
	other benzos	2
	dexamphetamine	13
	Other Opiates	5
Total		134

Prescribed Drugs 1 & 2

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Prescribed Drug 1

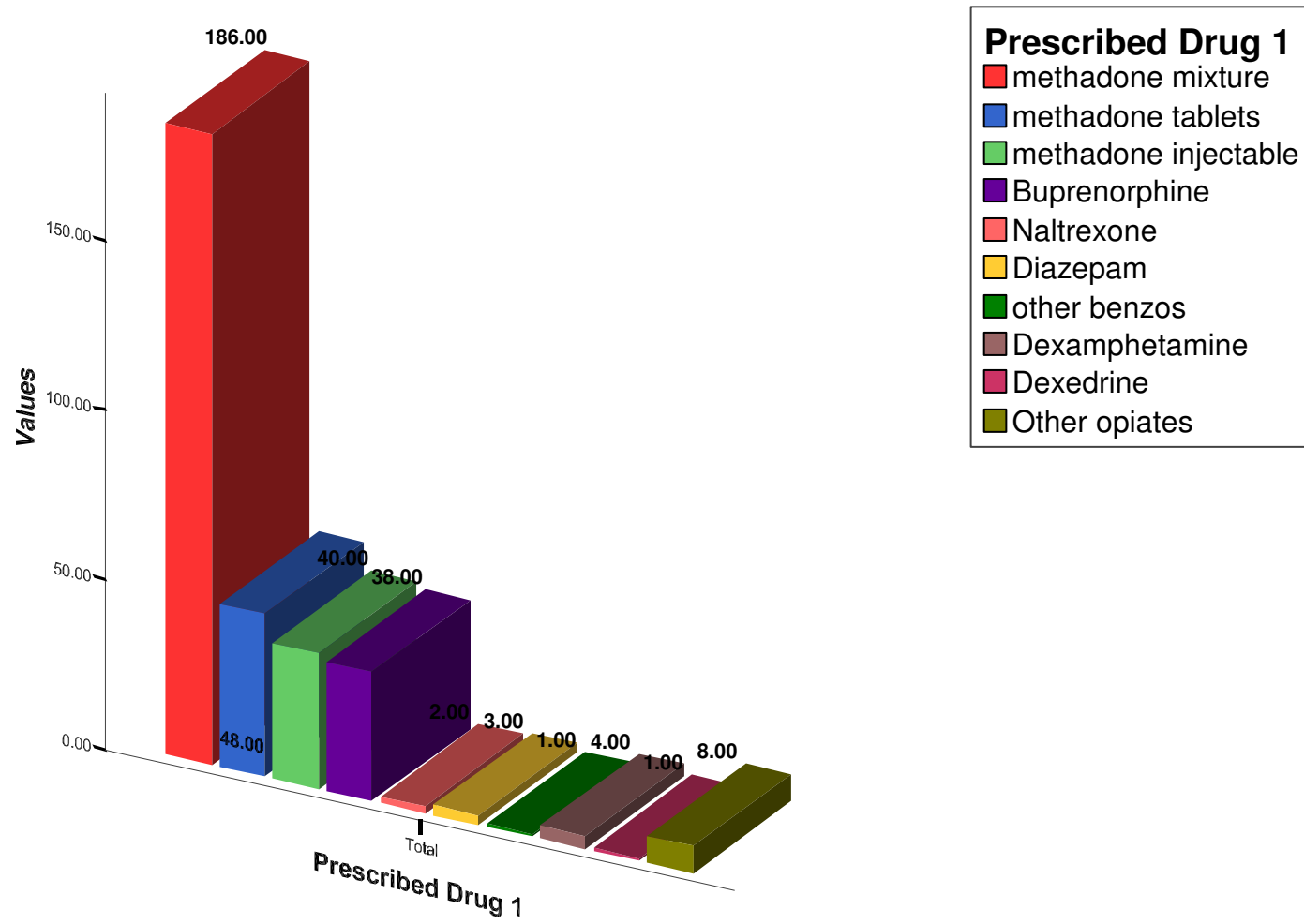
Count		Total
Prescribed Drug 1	methadone mixture	186
	methadone tablets	48
	methadone injectable	40
	Buprenorphine	38
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	Diazepam	3
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Total		331

Prescribed Drug 2

Count		Total
Prescribed Drug 2	methadone mixture	10
	methadone tablets	7
	methadone injectable	8
	Buprenorphine	4
	Naltrexone	1
	Diazepam	75
	Temazepam	9
	other benzos	2
	dexamphetamine	13
	Other Opiates	5
Total		134

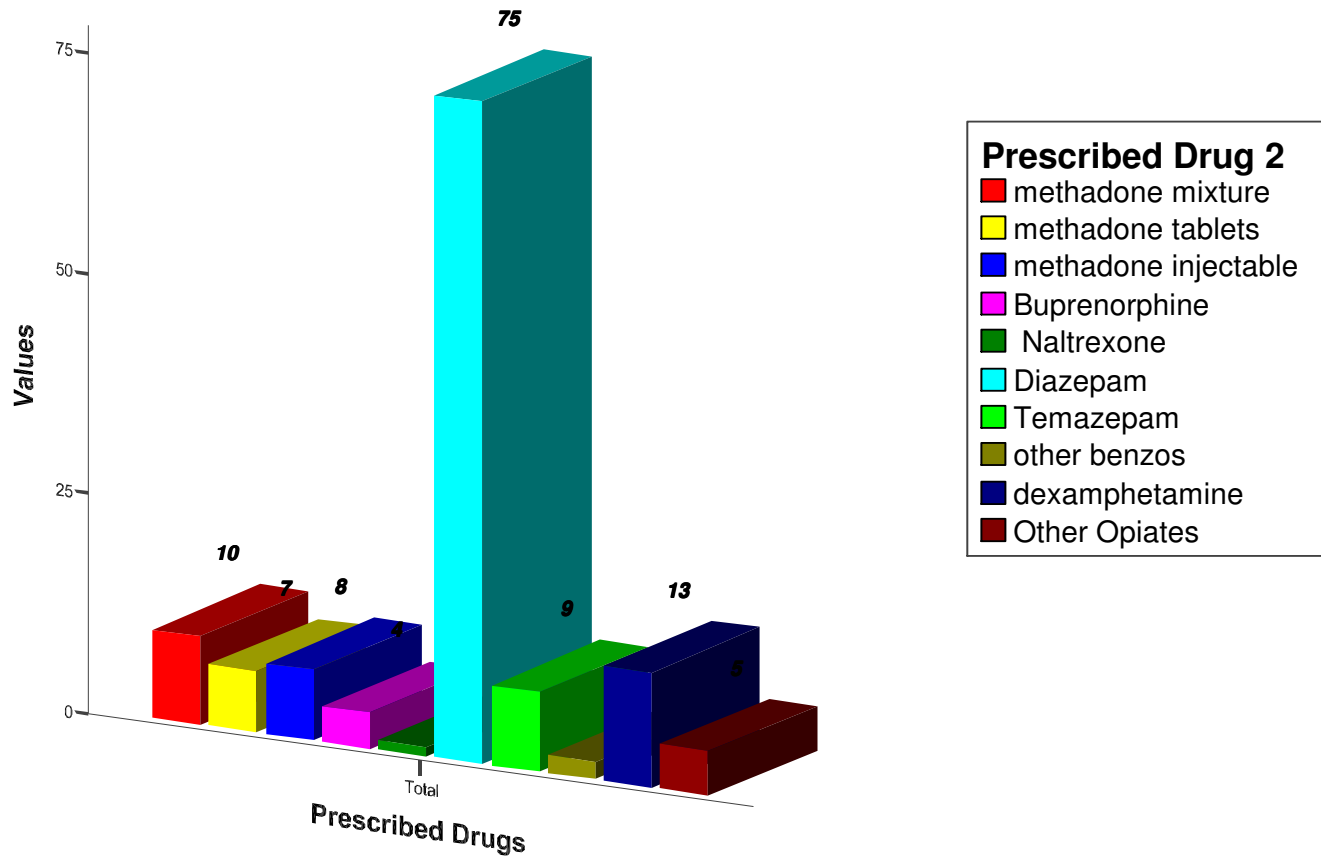
Prescribed Drug 1

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Prescribed Drugs 2

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Average Dose

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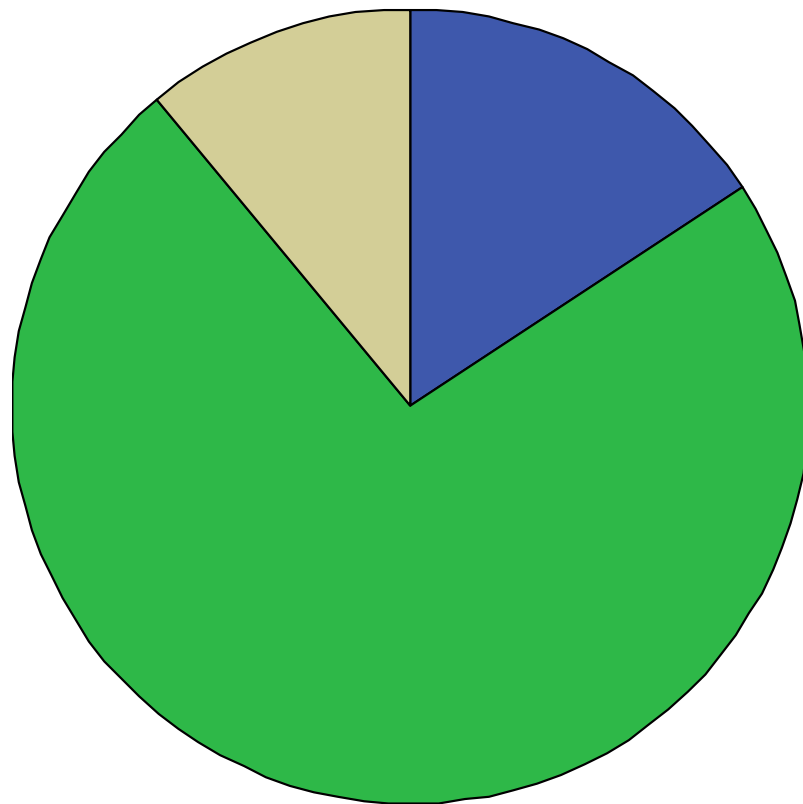
Methadone Mixture	77.2 mls
Methadone Tabs	77.5 mls
Methadone Amps	77.5 mls
Buprenorphine	12.63 mgs (Max Dose 32 mgs)

- Alcohol Dependence
- Using on top
- Evidence of Review
- Supervised Consumption
- Injecting Sites/Safe Sex

Evidence of Alcohol Dependence

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evidence of alcohol dependence



- yes
- no
- not known

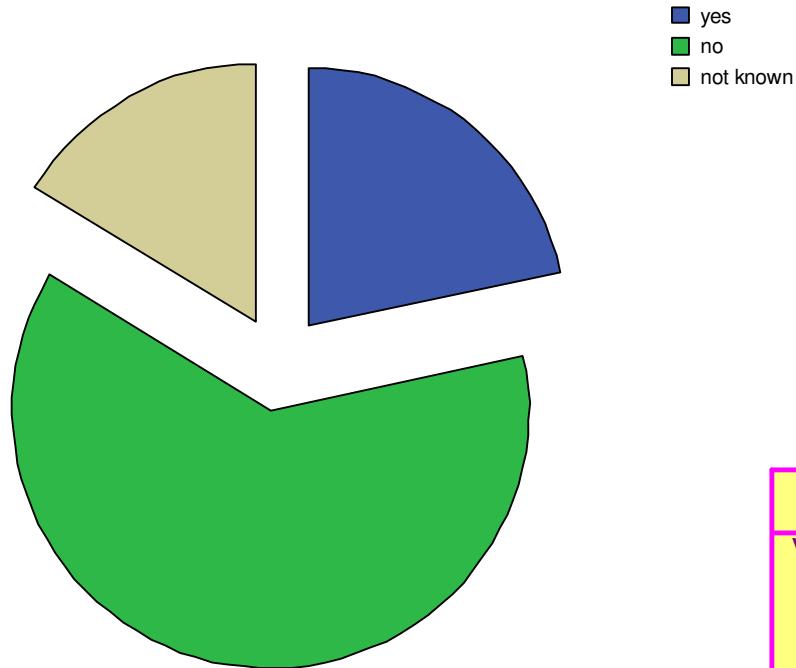
evidence of alcohol dependence

		Frequency	Percent
Valid	yes	53	15.7
	no	248	73.4
	not known	37	10.9
Total		338	100.0

Using on Top?

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Is client using top up



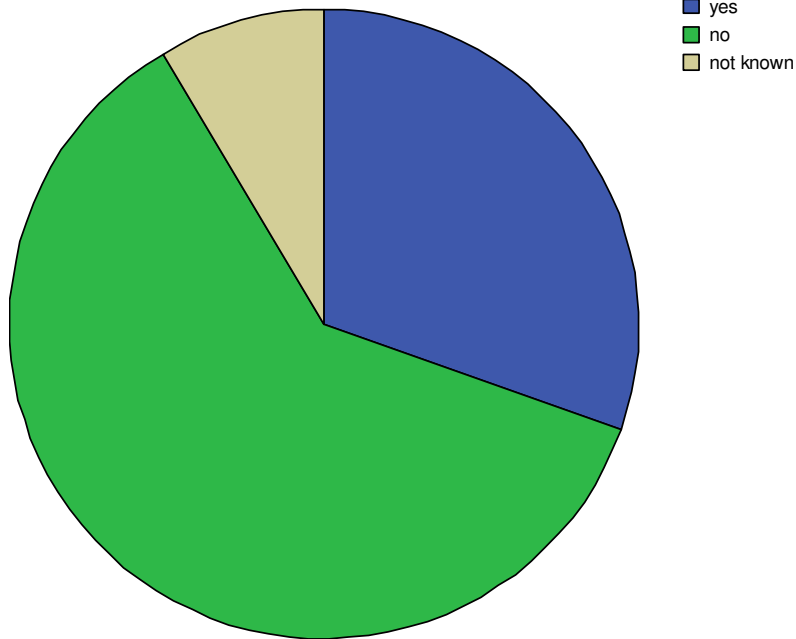
Is client using top up

		Frequency	Percent
Valid	yes	73	21.6
	no	210	62.1
	not known	55	16.3
Total		338	100.0

Safe Sex Advice Given

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documented that safe sex advice given



documented that safe sex advice given

	Frequency	Percent
Valid yes	103	30.5
no	206	60.9
not known	29	8.6
Total	338	100.0

Injecting Sites

Evidence injecting sites checked

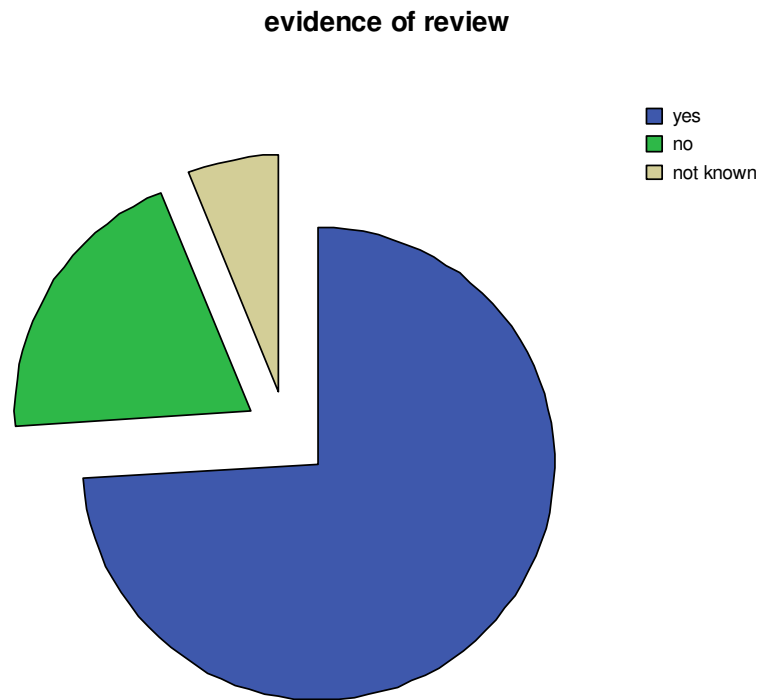
		Frequency	Percent
Valid	yes	38	11.2
	no	27	8.0
	Not Applicable	272	80.5
	Total	337	99.7
Missing	System	1	.3
Total		338	100.0

evidence safer injecting advice offered

		Frequency	Percent
Valid	yes	26	7.7
	no	36	10.7
	Not applicable	276	81.7
Total		338	100.0

Review of Care Plan

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evidence of review

		Frequency	Percent
Valid	yes	250	74.0
	no	67	19.8
	not known	21	6.2
	Total	338	100.0

Injectables in General Practice

- National Policy
- GPwSI
- Brent & Harrow Experience
- Evidence of Criteria

Conclusions

- Primary Care Average dose.
- Primary Care Settings ideal place for Harm Reduction Interventions
- Hepatitis B & C work needed.
- Injectables
- Alcohol underreported.
- Stimulant Use: The next big “thing” for PC
- BME Access to Treatment in PC
- Complex Needs Patients: interagency working.

Recommendations

- Aim for “100% GPs” in Shared Care
- More emphasis needed on BBV.
- BME
- Injectable Prescribing in Primary Care
- Non-medical Prescribing: an opportunity or a threat?

Acknowledgements

- Brent & Harrow GPs.
- Substance Misuse Services Brent & Harrow.
- Brent & Harrow PCTs.
- SMP Team.