

Shared Care in Barking & Dagenham

June 2008



A handbook for general practitioners and community pharmacists

Produced by the Barking & Dagenham Shared Care Monitoring Group

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Introduction

The Barking & Dagenham Shared Care Monitoring Group has developed this handbook for clinicians and agencies involved in the local Shared Care Scheme for Substance Misuse.

Shared Care is defined as the joint participation of specialists and GP's, alongside other agencies, in the planned delivery of care for service users with a drug misuse problem, informed by an enhanced information system exchange beyond routine discharge and referral letters. It may involve the day to day management by the G.P of the patient's¹ medical needs in relation to his or her drug misuse. Such arrangements would make explicit which clinician is responsible for different aspects of the patient's treatment and care. This may include prescribing substitute drugs in appropriate circumstances. Department of Health (1995).

The aim of the scheme is to provide a seamless service between primary and secondary healthcare for service users accessing the treatment service for their substance misuse issues, within a clear framework, utilising best practise

throughout. To this end, it has been agreed to create a system that:

- 1 Includes all partners in agreement that makes explicit roles and responsibilities.
- 2 Provides support, professional and financial, including levels of payment to GP's and Pharmacists, reflecting their degree of participation.
- 3 Gives Service Users an experience of being treated with respect and compassion, with treatment tailored to their individual needs.
- 4 Based upon good evidence based practice, with explicit minimum standards and robust systems of governance.
- 5 Recognises, and has treatment provision for, those not appropriate for Shared Care.

The aim of this handbook is to outline the scheme and promote transparency between all agencies through the provision of information that is easily accessible to all professionals.

Barking & Dagenham Shared Care Monitoring Group

¹ From this point in the handbook "service user" will be the term used, rather than 'patient' or 'client'.

National framework and guidance

The following publications outline government strategy and provide a framework for current drug treatment policy and clinical recommendations in England.

The Effectiveness Review (1996)

Department of Health Task Force to review services for drug misusers: report of an independent Review of Drug Treatment Services in England London: Department of Health 1996.

The review identified a dual role for GPs in the treatment of drug misuse:

- Care and treatment of substance misuse to include identification, referral where appropriate, promoting harm minimisation services
- Undertaking shared care with a service specialising in the treatment of drug misuse.

National Drugs Strategy –Drugs: protecting families and communities (2008 to 2018)

Home Office 2008

The main aims of the strategy are:

- Cut drug related crime and antisocial behaviour within the community
- Cut harm caused to young people by substance misuse.
- Increase the number of drug users making a positive contribution to society
- Expand and improve drug treatment services
- Cut the number of families devastated by drug use.

Drug Misuse and Dependence Guidelines on Clinical Management (2007)

Department of Health 2007

The Department of Health have drawn up a comprehensive document outlining guidance for substance misuse treatment. This document was revised in 2007 to take into account current evidence and professional consensus in the treatment of substance misuse.

The guidelines consist of comprehensive yet accessible chapters and the annexes provide practical advice, addressing issues such as prescription writing, travelling abroad with controlled drugs and issues such as responsibilities regarding passing information to the DVLA.

It also lists some fundamental aims of treatment:

- No single agency is equipped to deal with substance misuse; a collaborative effort is required
- Reduce the use of illicit or non-prescribed drugs by the individual
- Deal with problems related to drug misuse
- Reduce the dangers associated with drug misuse, particularly the risk of HIV, hepatitis B and C, and other blood-borne infections from injecting and sharing injecting paraphernalia
- Reduce the duration of episodes of drug misuse
- Reduce the chance of future relapse to drug misuse
- Reduce the risk of prescribed drugs being diverted onto the illegal drug market

- Reduce the need for criminal activity to finance drug misuse
- Stabilise the service user where appropriate on a substitute medication to alleviate withdrawal symptoms
- Improve overall personal, social and family functioning.

The guidelines are available at: www.dh.gov.uk/publications

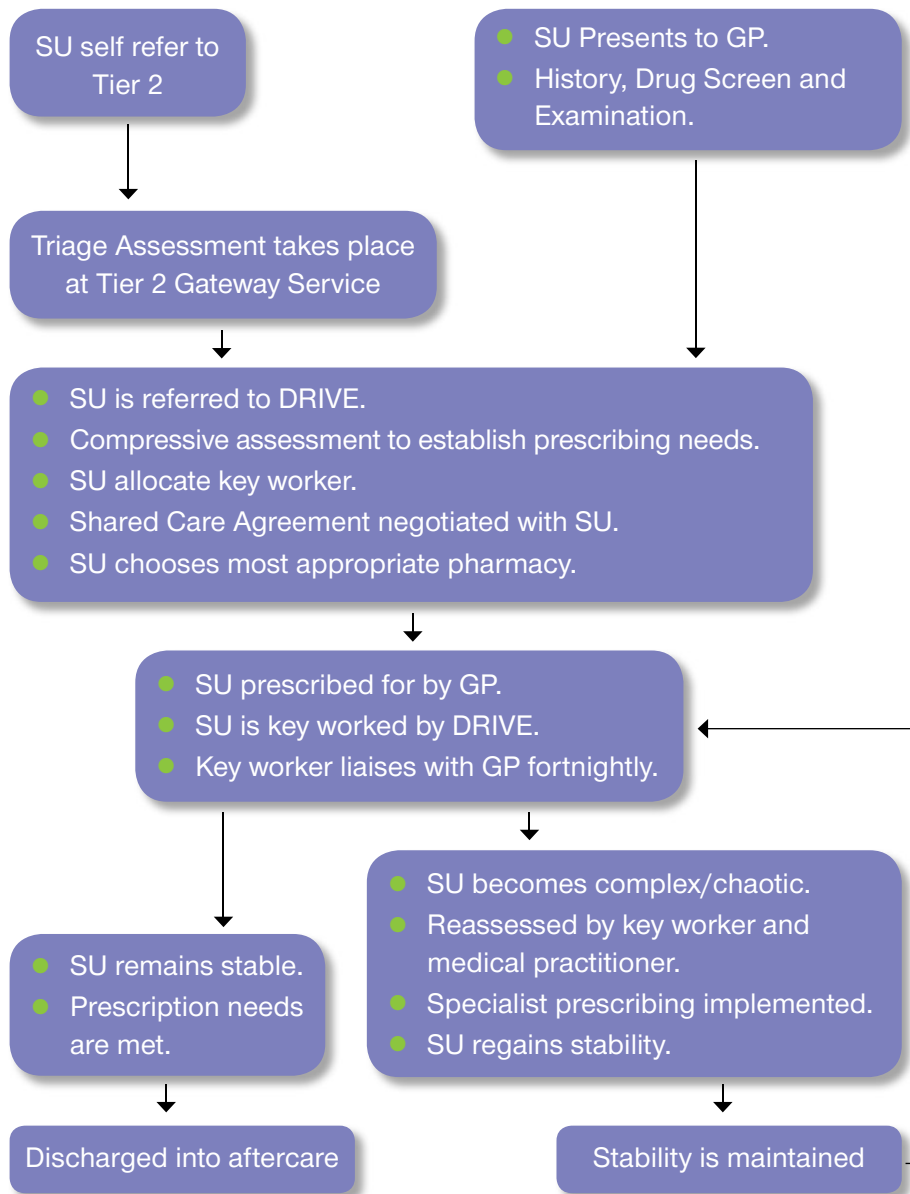
The following guidelines were published by **National Institute for Clinical Excellence 2007 (NICE)** and taken into account in the revised Department of Health publication of the Clinical Guidelines.

- Methadone and Buprenorphine for the management of opioid dependence (January 2007)
- Naltraxone for the management of opioid dependence (January 2007)
- Drug Misuse: psychosocial interventions (July 2007)
- Drug Misuse: opioid detoxification (July 2007)
- Community based interventions to reduce substance misuse among young people (2007).

These guidelines are available at: www.nice.org.uk

Shared care pathway

In accordance with national frameworks, local service delivery has been drawn up as represented by the following flow chart:



Specialist Prescribing

Service Users assessed as having a high level of need are referred into Tier 3 prescribing services (through Tier 2 triage gateway service).

High need criteria:

- Mental Health issues (dual diagnosis)
- Pregnant drug users
- Complex poly drug use i.e. opiates/crack cocaine and/or benzodiazepines.

Service Users will be comprehensively assessed, titrated on their dose of substitute medication, stabilised and managed within this service until such time as their needs can be met by Primary Care within Shared Care Provision, at which point a referral would be made and the service user transferred.

In addition the Tier 3 specialist prescribing service, keyworkers and the consultant psychiatrist are available to the treatment system to provide advice, support and information with respect to prescribing and referral on for psychosocial intervention.

Shared Care

Shared Care as previously defined is the joint participation of specialists and GP's alongside other agencies, in the planned delivery of care for service users 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 G.P of the service user's medical needs in relation to his or her drug misuse. Such arrangements would make explicit which clinician was responsible for different aspects of the service user's treatment and care. These may include prescribing substitute drugs in appropriate circumstances. (Department of Health 1995)

After titration and stabilisation the service user is referred to the GP for onward care. The GP is supplied with a shared care package: shared care treatment outline, the risk assessment summary, the treatment plan (recommendation for prescribing) and summary of the care plan (includes the key worker name and contact).

The initial appointment will be arranged in conjunction with the service user's key worker from the Tier 3 provider in the area and keyworking sessions will be held at the GP surgery or other suitable premises. The key worker will support the GP for as long as the service user is being prescribed. Where appropriate the keyworkers will support the GP in delivering interventions.

Criteria for Shared Care

- 1 No IV usage.
- 2 Adherence to treatment plan in terms of compliance with appointments and medication.
- 3 Minimum of 2 negative drug screens within a month.
- 4 Up to date risk assessment and care plan.

- 5 Engaged with relevant service if using other substances, for example, CAT for alcohol and Daybreak or Axe Street for stimulants.
- 6 Not suffering a severe mental illness for which the service user receives or warrants secondary mental health care.

Please note: decision must be subject to flexibility based on individual needs of the service user.

These criteria are to be used in conjunction with the internal Shared Care Pathway for DRIVE.

Internal Pathway for Shared Care Service user – DRIVE

Treatment pathway outlined (including Shared Care) and discussed with service user at initial comprehensive assessment



Full medical assessment and titration to appropriate dose undertaken at DRIVE



Following allocation key worker to care plan with service user, incorporating timescales expectations and goals



When keyworker and service user feel that service user is suitable for Shared Care Services (as per Shared Care Criteria) – book Clinical Review



Present at Clinical Meeting with:

Outcome of last clinical review

Care plan

Risk assessment

Brief History

Current situation



Decision to move to shared care services

Give service user's details to Shared Care Co-ordinator who will assist keyworker in transferring of service user to Primary Care
Ensure clarity for service user on identified GP and keyworker



Please Note: If keyworker has concerns regarding service user – bring back to clinical meeting for discussion with option for clinical review/alteration to current provision/return to specialist prescribing.

Minimum responsibilities of a prescribing doctor

- 1 It is the responsibility of all doctors to provide care for general health needs and drug related problems, whether or not the service user is ready to withdraw from drugs.
- 2 Medical practitioners should **not** prescribe substitute medication, such as methadone, in isolation. A multidisciplinary approach to drug treatment is essential.
- 3 The GP will have completed the RCGP Part 1 in Substance Misuse and be committed to attending local training provided.
- 4 Prescribing is the responsibility of the doctor signing the prescription. The responsibility cannot be delegated.
- 5 A doctor prescribing controlled drugs for the management of drug dependence should have an understanding of the basic pharmacology, toxicology and clinical indications for the use of the drug, dose regime and therapeutic monitoring strategy if they are to prescribe responsibly.
- 6 A full assessment of the service user, in conjunction with other professionals involved, should always be undertaken and treatment goals set.
- 7 The clinician has a responsibility to ensure that the service user receives the correct dose and that appropriate efforts are taken to ensure that the drug is used appropriately and not diverted onto the illegal market. Particular care must be taken with induction on to any substitute medication, especially where self-reporting of dosage is being relied upon.

- 8 The prescribing doctor should liaise regularly with the dispensing pharmacist and specialist service about the specific service user and the prescribing regime.
- 9 No more than one week's medication should be dispensed at one time, except in exceptional circumstances.
- 10 Clinical reviews should be undertaken regularly, at least every three months, particularly for those service users whose drug use remains unstable.
- 11 The service user should be told that methadone and other prescribed drugs must be kept out of reach of children, stored safely in containers with child proof caps or in lockable safes.



Sharing of information and confidentiality

It is important that healthcare workers concerned in the care of substance misuse service users consider the consequences of not sharing information as well as the limits of confidentiality.

This is especially important in relation to:

- Child Protection Act
- European Human Rights Act
- Driving (DVLA)
- Employment (where nature of occupation is relevant to substance misused)

Treatment, management and care plans can involve many different people; for example, the police (arrest referral teams), probation and social services. This can make issues complicated.

- Health care professionals are strongly encouraged to seek appropriate expert guidance e.g. from Substance Misuse Services (SMS) if they are experiencing difficulties or a conflict of responsibilities
- No-one should feel isolated in the management of care of a service user with Substance Misuse problems
- It should be explained to the service user that if they refuse to allow the sharing of information, they are responsible for the consequences. They need to be helped to understand the limits of confidentiality, when confidentiality would be broken and that they have responsibility to ensure accurate information is shared between various health professionals in their care
- The service user should understand the basis for their management, care and treatment plan.

Roles and responsibilities

The GP, Treatment providers and Pharmacists to agree to the following:

- To treat people as individuals and accord them respect
- To empower people to make informed choices
- Maintain confidentiality in accordance with code of ethics
- To ensure that any computerised or written records are securely stored and covered by the Data Protection Act. Data Collection will be anonymised to ensure individual service users cannot be identified (according to Drug treatment monitoring unit guidelines)
- To ensure that prescriptions and prescribed medications are correct and available at the proper time.

General Practitioner

- To provide for the duration of the prescribing programme, a regular prescription of oral methadone mixture 1mg/ml or buprenorphine sublingual tablets
- To address the service users general health needs
- To liaise with the treatment providers and the pharmacists regarding the progress of the service user
- Ongoing care and monitoring
- To re-assess the service user every 3 months and review progress via the shared care agreement – this should include:
 - Physical and psychological assessment
 - Review of the treatment plan
 - Treatment Outcome Profile (TOPS)
 - Care Plan Review
 - Next steps for the service user
- Discuss HIV status, Hep B and C, general nutrition, FBC and biochemistry screen and alcohol intake. Discuss contraceptives and cervical cytology with female substance misusers.

- Deliver or refer on for psychosocial interventions.

Pharmacist

- To check the legality of the prescription and that the quantities and the service user details are correct
- To register the service user on the Patient Medication Record (PMR)
- To provide harm reduction advice to the service user
- To alert the prescriber and the key worker when the service user misses any dose
- Medication must not be dispensed if the service user has missed three days medication – refer service user to Specialist Service for re-assessment and re-titration
- To alert the prescriber and the key worker if the service user appears unwell or there are issues that cause concern
- To supervise consumption of Methadone or buprenorphine in a discreet way in designated, private, confidential room
- Medication may be withheld if the service user appears to be intoxicated.

Treatment Providers

- To ensure that the service user is registered with a GP who is willing to participate in the shared care scheme
- To ensure that the service user has nominated a pharmacy willing to participate in the shared care scheme
- To provide ongoing support to the GPs and Pharmacists by making the key worker name and number available for advice and raising concerns
- To liaise with the GP and pharmacist on behalf of the service user
- To complete assessment and recommend a programme of treatment to the GP (Package to include: care plan, risk assessment, medical recommendation plan, the shared care treatment outline and key worker contact)
- To carry out care plan reviews, risk assessment and treatment outcome profile system every three months as a minimum.

Shared care – Methadone

This treatment outline is designed to help service users with opiate substance misuse problems. It works best when the service user, GP practice, pharmacist and key worker are cooperating fully.

Dear Service User,

Please be aware of the following:

You will be prescribed **Oral Methadone mixture** for daily/three times weekly/twice weekly/weekly collection (please circle)

Special Instructions:

Supervised consumption

YES/NO (please circle)

- Your GP and key worker will see you at pre-arranged appointments, if you miss an appointment you will not be seen until it can be re-organised
- You should understand that you will only be able to obtain prescriptions from the GP specified unless alternative arrangements are made to cover holidays
- You should understand that you will only be able to collect your prescription from the pharmacy named above unless you have agreed an alternative pharmacy with your GP and key worker
- You will be expected to provide samples of your urine/oral fluid for analysis
- Your prescription is your responsibility, if it is lost or stolen it will not be replaced
- Professionals involved in your treatment have a right to discuss your case and may wish to see you together if considered appropriate
- You will need to speak to your pharmacist about the dispensing of your prescription and agree a time to collect your medication. If you cannot collect, please contact your key worker and pharmacist

- If you appear to be in an intoxicated state your GP and pharmacist have the right to refuse to see you and may not dispense medication
- If you do not collect your prescription from your pharmacy for more than 3 days your tolerance may have dropped and your treatment will have to be reassessed and dose re-titrated
- You understand that you must collect your prescription on the specified day. If you fail to collect your dose on the specified day, you will not be able to claim the missed dose on a later day
- Abusive behaviour will not be tolerated and may lead you to being discharged from the service.



Shared care – Buprenorphine

This treatment outline is designed to help service users with opiate substance misuse. It works best when service user, GP practice, pharmacist and key worker are cooperating fully.

Dear Service User,

Please be aware of the following:

I will be prescribed **Oral Buprenorphine (Subutex tablets)** for daily/three times weekly/twice weekly/weekly collection (please circle)

Special Instructions:

Supervised consumption

YES/NO (please circle)

- Your GP and key worker will see you at pre-arranged appointments, if you miss an appointment you will not be seen until it can be re-organised
- You should understand that I will only be able to obtain prescriptions from the GP specified unless alternative arrangements are made to cover holidays
- You should understand that you will only be able to collect my prescription from the pharmacy named above unless you have agreed an alternative pharmacy with my GP and key worker
- You will be expected to provide samples of your urine/oral fluid for analysis
- Your prescription is your responsibility, if it is lost or stolen it will not be replaced
- Professionals involved in your treatment have a right to discuss your case and may wish to see you together if considered appropriate
- You will need to speak to your pharmacist about the dispensing of your prescription and agree a time to collect your medication. If you cannot collect, please contact your key worker and pharmacist

- If you appear to be in an intoxicated state your GP and pharmacist have the right to refuse to see you and may not dispense medication
- If you do not collect your prescription from your pharmacy for more than 3 days your tolerance may have dropped and your treatment will have to be reassessed and dose re-titrated
- You should understand that you must collect your prescription on the specified day. If you fail to collect your dose on the specified day, you will not be able to claim the missed dose on a later day
- Abusive behaviour will not be tolerated and may lead you to being discharged from the service.



Supervised consumption instructions for pharmacies

a) Criteria for acceptance onto the scheme

- 1 A certificate acknowledging completion of the Centre for Pharmacy Postgraduate Education (CPPE) open learning course 'Opiate Treatment – Supporting Pharmacists for Improved Service user Care', and/or completion of RCGP Part 1 training.
- 2 A visit by the Shared Care Coordinator for Substance Misuse Services and/ or PCT Pharmacy Lead to the pharmacy premises prior to joining (and may be revisited thereafter if deemed necessary).
- 3 Attend the formally provided training at least annually thereafter. Training from other areas may be transferable but must be proven and approved by the Shared Care Coordinator for Substance Misuse Services or PCT Pharmacy Lead.
- 4 Must have a regular named pharmacist at the shop. They will be responsible for ensuring the day to day running of the scheme and ensure that all locums are adequately informed.
- 5 Must be a registered pharmacy within the PCT.
- 6 Premises must have a private/ discreet and confidential area where consumption can take place in privacy.
- 7 All pharmacists will be expected to sign up to an LES contract with the PCT on behalf of the DAAT, any breaches of the agreement may result in the pharmacist being given notice to terminate the agreement.

b) Essential checklist

The following is a checklist of documentation and protocols that must be adhered to for each client:

- 1 The prescriber or the keyworker contacts the Pharmacist to refer the service user ensuring capacity is available.
- 2 Service User presents, with community pharmacy contract and introductory letter and goes through the contract, signs it and gets the service user to sign it and give service user copy to take away. Send copies to key worker.
- 3 Use Daily Recording Form for each individual to record all supervisions, refusals and note any dose changes in the comments column.
- 4 Forward information from daily recording forms to keyworker at Specialist Service – DRIVE
- 5 Forward Significant Event Analysis forms to Shared Care Co-ordinator for Substance Misuse Services at the PCT.

c) Dispensing Guidelines

- 1 When the service user arrives the pharmacist must check the details of the introductory letter

and register the service user on the Patient Medical Record (PMR) system. The service user should be given PMR identification card which they should be encouraged to show when collecting the methadone.

The pharmacist should go through the contract with the service user and sign it in the space provided. The main issues to be covered in addition to those stated are:

- Introduction to counter staff in the pharmacy so that they will be recognised in future
 - Time of day for supervision which should not usually be within the last half hour of shops opening hours
 - Explain what supervised consumption entails
 - Explain that you can assist with minor ailments
 - Ask if they have any concerns or questions about the service.
- 2 Methadone should not be dispensed to service users who are intoxicated with drugs and/or alcohol. If the pharmacist suspects the service user is intoxicated, he/she should ask the service user to come back

later in the day and re assess the service user. If this happens late in the day, occurs outside the prescribers contact hours, or on a Saturday, the pharmacist may consider dispensing a take home dose with advice to the service user to consume the methadone as late as possible. The prescriber must be informed of this occurrence.

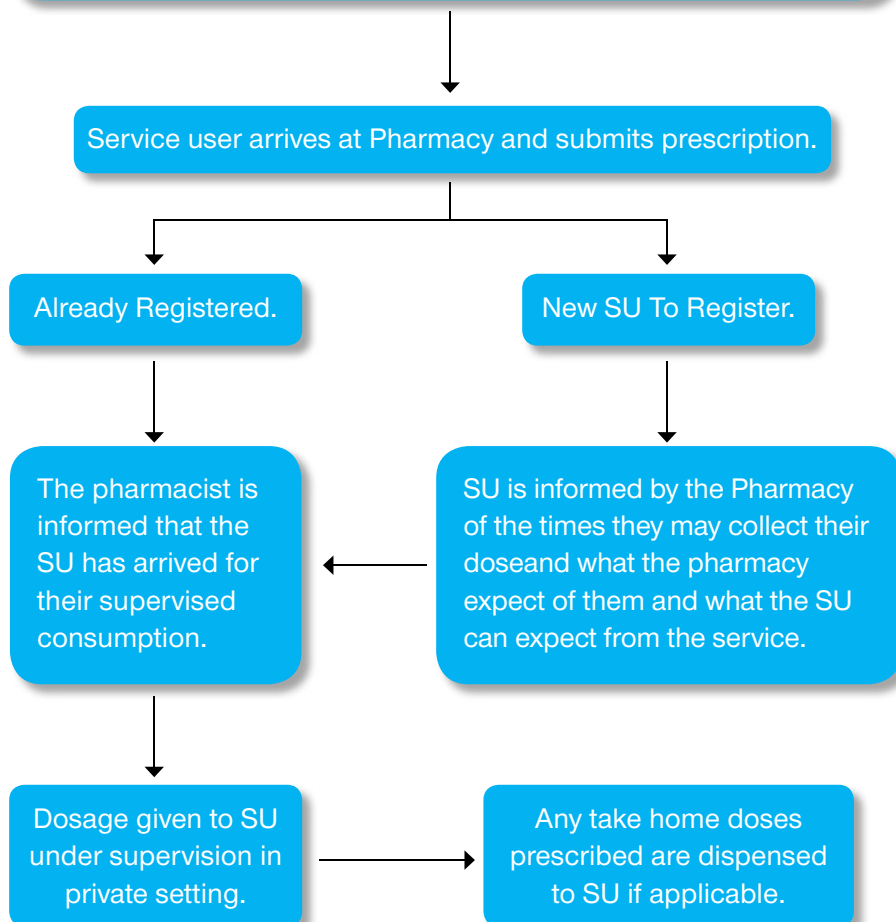
- 3 Methadone must not be dispensed to any service user who has missed three or more consecutive doses. They must be referred back to the prescriber for re-assessment and re titration as their tolerance to methadone may be reduced. The key worker must be contacted.
- 4 Where a daily dose of methadone has not been dispensed by the pharmacist, the pharmacist must indicate this on the prescription as “not dispensed” next to the relevant date. Entries should be made on the relevant data collection form(s). The key worker should be informed.
- 5 Where the dispensing service has been terminated for a service user for what ever reason, the pharmacist should
- 6 When a prescription is presented it should be checked to ensure that it fulfils legal requirements and that the quantities and service user details are correct for that person. If the prescription is not hand written the pharmacist is responsible for checking that the prescriber is exempt from the handwriting regulations.
- 7 Doses of methadone should be made up in advance each day (assuming the pharmacist is in possession of a current prescription). Methadone should be dispensed into an appropriate child resistant container and labelled in accordance with the requirements of the Medicines Act and Good Practice Guidelines.
- 8 Only Methadone Mixture 1mg/1ml may be used.
- 9 When the service user arrives, the pharmacist must ensure that they are correctly identified and receive their dose of methadone.

indicate “not dispensed” for any remaining days on the current prescription. Any prescription which has not yet been started should be returned to the specialist service or GP.

- 10 The methadone may be consumed directly from the bottle or may be poured into a cup, as agreed by the pharmacist and service user.
- 11 The pharmacist must observe consumption of the methadone by the service user, offer a glass of water for the service user to drink (this also helps prevent tooth decay) and engage in conversation with them. This is an ideal opportunity to offer Brief Interventions to the service user and to build rapport.
- 12 All labels must be removed from the service users dispensed containers before throwing away, to maintain confidentiality.
- 13 Take home doses must not be given to a service users representative unless previously agreed by the prescriber or key worker.
- 14 After each dispensing/ supervision the pharmacist must complete the data collection form in accordance with instructions (as well as making the appropriate entries in the CD register and on the prescription). It is imperative that full details are entered, especially where there has been:
 - any inappropriate behaviour by the service user;
 - any relevant conversation with the prescriber or key worker.
- 15 Where an “incident” has occurred, the pharmacist should report it to the key worker and/or GP and make a note on the PMR. This will be useful feedback and the record will serve as a reminder should it happen another time.
- 16 All information and data collected should be treated as confidential and only passed on to authorised personnel.
- 17 A project file containing all data collection forms, details of how to operate the scheme, relevant telephone numbers etc, should be kept in the dispensary at all times. They must not be passed on to anyone else, except those authorised to see it.
- 18 Locum pharmacists must be made aware of this service and the procedures **in advance** of them providing locum cover. It is essential that the service runs smoothly and all records are kept up to date.

Supervised Consumption Care Pathway

- Where an SU is eligible for supervised consumption the following takes place with DRIVE (Including Shared Care).
- SU made aware of pharmacies which provide supervised consumption (location, opening hours, private areas etc).
- SU asked to state which pharmacy they would like to attend.
- Pharmacy of choice contacted and informed that new SU will present.



Useful contacts

Dr Russell Razzaque
Consultant Psychiatrist NELMHT

DRIVE
Riverside
Roxwell Road
Barking IG11 OPR
Tel: 08446001042

Tracey Hall
Shared Care Co-ordinator

Barking & Dagenham PCT
Tel: 07908497364
E mail: Tracey.Hall@lbbd.gov.uk

Surinder Kalsi
Lead Pharmacist

Kalsi Pharmacy
125 St Mary s Parade
Barking IG11 7TF
Tel: 020 8594 6188
E Mail: kalsi55@hotmail.com

Dr Kalkat
GPwSI

Thames View Health Centre
Barking
IG11 OLG
E Mail: gurkirit.kalkat@nhs.net

Keyworkers based at DRIVE

Tel: 08446001042

Other useful documents

Service Directory produced by
Barking & Dagenham DAAT

Treatment Pathways for Substance
Misuse and Alcohol in Barking and
Dagenham produced by Barking
and Dagenham DAAT.

DAAT website:
www.barking-dagenham.gov.uk

