

Substance Misuse Management in General practice

Annual Report 06/07



The Purpose of SMMGP

Substance Misuse Management in General Practice (SMMGP) is a developing network to support GPs & other members of the primary health care team who work with substance misuse in the UK. The project originated in 1996 after the first RCGP conference on managing drug use in general practice when the first SMMGP newsletter was produced. The project has developed markedly since then and produces the much longer newsletter, manages the busiest clinical web-site in this field in the UK, manages the conference, produces guidance documents for primary care and advises locally and nationally how best to develop and improve the quality of treatment services in primary care.

SMMGP is funded by the Department of Health and works in collaboration with the National Treatment Agency and the Royal College of General Practitioners Substance Misuse Unit.

Aims of SMMGP

- To promote the provision of effective care for drug users.
- To develop, support and encourage the role of general practitioners (GPs) and other primary care workers to work with problem drug users.
- To do this through personal face to face and telephone contact with GPs and those who work with GPs as well as through the media of information technology and written materials.
- To support and encourage the training of GPs and other primary care workers to work with problem drug users.
- To facilitate collaboration between users and all aspects of treatment services (e.g. primary care, secondary care and other specialist drug treatment agencies).
- To facilitate the representation of the needs and experiences of primary care in local and national fora concerned with problem drug use.
- To support the development of the evidence base for effective care for drug users in the primary care setting.
- To support the commissioning of substance misuse services by Primary Care Trusts (PCTs).
- To develop close relationships and work in partnership with all appropriate organisations such as the Royal College of General Practitioners (RCGP), the Department of Health (DOH), the National Treatment Agency (NTA), and others.

Report from The SMMGP Clinical Director Dr Chris Ford

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The year 2006-2007 has been a full but changed year for SMMGP. We have been settling down into our new contract with reduced funding and a reduced team. We have reduced our roles and returned to our core business of work which is supporting a network to promote the provision of effective care for drug users by developing, supporting and encouraging the role of general practitioners (GPs) and other primary care workers to work with problem drug users.

We continue to favour a health perspective in the approach to treatment and are committed to providing options to all seeking help through the whole range of harm reduction including abstinence. We are doing this through the training of all primary care workers, running a network with interactive forums on our busy website and the distribution of Network. We also try to facilitate collaboration between users and all aspects of treatment services (e.g. primary care, secondary care and other specialist drug treatment agencies), believing that all parts of the system need to function well in order to provide optimal care and treatment.

Our biggest success of the year has been changing to a membership organisation and the benefits that this has brought to the members and the project. People have joined in their hundreds and continue to do so. The monthly clinical and policy updates have been received very well and read!

We have also continued to support the development of an evidence base for effective care for drug users in the primary care setting and encourage treatment to be about the care of the person not simply the drug. Because of the changed funding SMMGP no longer provides a regional advisory service and now facilitate the representation of the needs and experiences of primary care in local and national forums concerned with problem drug use. We have continued to support shared care coordinators, with regional NTA support through two regional conferences. We are also organised our second Primary Care Development conference entitled 'Effective Primary Care Based Drug Treatment Services 07 and Beyond', which is going to take place in Birmingham on 21st September 2007. Even before the programme has been finalised and sent out we have had over 50 people requesting a place on the strength of the early announcement only.

We have continued with quarterly meetings to share information and discuss policy with the NTA. These have proved and continue to prove to be very useful. We have also continued more infrequent meetings with SCAN and

RCGP SMU and continue to provide support to the RCGP Certificate in Drug Dependency parts 1 and 2.

Our role in the 12th conference on managing drug users in general practice also increased. We continued to undertake the brokering role between RCGP and the organisers (Healthcare Events) but also took on much more of the direct organising of programme and speakers. The conference was again evaluated extremely well and people commented on the range and difference of the speakers. Personally continuing as chair of the conference committee, involves a lot of work but I enjoy tremendously. Planning for the 13th has already started and will be in Brighton in April 2008.

The guidance documents, written in conjunction with RCGP SMU, have continued to be used, valued and reprinted. We have recently completed the next in the series on the prevention, testing, treatment and management of Hepatitis C in Primary Care, which has been incredibly well received. Their launch always involves training days and one has taken place in London, which evaluated extremely well, and another is planned for July in York is full. The London training day has sparked off several local training days.

We are already planning the updates needed for disseminating the range of NICE documents and the new Clinical Guidelines. It is hoped to finish the guidelines for the use of benzodiazepines in all patient groups in primary care before that next cycle of updates.

Our position in being able to provide good appropriate information about our sector of work has been further enhanced by the continued improvements in 'Network' with its increased high quality clinical articles on a range of topics. Dr Fixit continues to be a particular hit and there is no lack of relevant questions to put to him!

I continue to have excellent clinical supervision from Dr Emily Finch and mentoring from Robyn Doran and continue to provide these services for three less experienced doctors.

We also continue to strengthen our links with user groups and user advocates. I continue as board member and previously chair of the Alliance, which allows much joint work and collaboration between SMMGP and the Alliance. I have also recently accepted being a board member of National Users Network (NUN), which is a new and exciting organisation which was set up to promote and support user involvement in all aspects of Care, Treatment and Service Development.

My biggest concerns are: 1) not being able to do more work around alcohol but we neither have the funding or capacity and 2) the continued move of drug treatment away from health towards the criminal justice system. I am hoping we can influence, along with many others, that this movement is reversed in revised drug strategy in 2008.

I have to remain optimistic that a project with so much value will continue to be valued and hence continue to be appropriately funded.

Chris Ford

Reporting Structures

The project has quarterly performance management meetings with the NTA, producing quarterly reports against agreed milestones. The project also has a quarterly meeting between the project staff and representatives from the NTA clinical Team (Dr Susi Harris) and the performance directorate (Hugo Luck). The group meets to exchange information and to make sure that the project is up to date with latest priorities, workstreams and initiatives regarding drug strategies and to feed back latest developments in primary care to the NTA.

The project also takes a lead from its membership and by engaging in regular surveys makes sure its services are relevant to their needs. All results from surveys are fed back to members via the web-site.

Work Programmes

1. Quarterly Newsletter 'Network'

Circulation

Network continues to be a success amongst our readers and we have conducted a reader survey to which 170 readers responded (see appendix 1) which found a mean satisfaction score of 4.5 (out of 5). This quarterly newsletter is delivered to approximately twelve thousand people.

All the editions of *Network* are available on the SMMGP web-site and many readers now receive their own personal issue electronically. The *Network* mailing list is kept in the SMMGP central office.

Audience

Multi-disciplinary working is key to developing shared care. We aim to have sections relevant to all main readership groups. Our database shows our readership is truly multidisciplinary, although the clear majority are GPs. Our readership survey results shows that we are catering for our readers needs with 98% saying that we had the balance of our newsletter right.

Content

As well as having up to date and stimulating articles from experts in the field we use *Network* to promote events such as the RCGP 'Managing Drug Users in Primary Care' conference and many of the RCGP special interest CPD events. To do this we link closely with the RCGP Substance Misuse Unit and the Sex, Drugs and HIV Task Group. It also keeps readers up to date with all recent research and policy developments in the field with website links to relevant publications. We have had an increasing discourse on ways to improve treatment within the criminal justice system

during the year, as well as highlighting the range of harm reduction including detoxification and abstinence approaches.

2. Web-site

Hits

The SMMGP website is now the leading, largest and most used clinical site in this field in the UK. The SMMGP website, as of 31st March 2007, had received over 266058 (up from 136108 on the 1st of April 2006) visitors to its homepage since its inception five years ago (this does not include visitors accessing the site through other pages). This represents a massive increase in usage; in fact the weekly visits to the home page have increased from 438 in the week including the first of April 2005 to 4158 on the week ending the 31st of March 2006. The highest weekly figure in 2006/7 was 7176.

Discussion Forums

The site receives five hundred postings a month on the interactive discussion forums, which are hosted on a separate website and are therefore not included in the home page statistics above. The discussion forum is a major support resource for primary care professionals who often feel isolated in this work. Increasingly, the site is used by pharmacists, nurses and patients and is a vibrant arena for the exchange of information between the professions. This forum has also provided an opportunity to identify shortcomings in local provision and, in some cases, facilitate resolution. It is also a forum for opinion on the direction of policy relating to primary care. Many people read the threads as a source of information which is shown in the statistics on the number of times a thread has been viewed, for instance one thread on nurse prescribing of controlled drugs has been viewed 5890 times with 240 postings. This latter thread is in a new forum room we have established for non-medical prescribing issues, which we initiated due to the change in legislation, and has proved extremely popular.

The discussion site now houses several regional fora and we wish to offer this facility to other regions and professional groups.

Web Project Team

We have a project team to oversee developments for the website. This team consists of individuals from the SMMGP project but also people who use the site on a regular basis. In 2005/6 this team has oversaw a complete overhaul of both the main site and the discussion forum site utilising extra capacity to organise material and modify the construction in a more user friendly way.

Feedback from users has been positive and the nearly fourfold increase of usage of the site over the year seems to back this up. We have also conducted a web-site user survey. In 2005 60% of people said they visited the site at least every month, with 20% visiting weekly. To improve on these figures we needed to make sure the site was updated more regularly, with content people wanted. By the start of 2007 the numbers had risen to 90% of people visiting the site at least every month, and 40% visiting weekly. In addition the 2007 results show how particularly effective the redesign of the general navigation system has been. Improvements to the Search facility have also had a positive effect.

Usage may also have been increased through partnerships with 'daily dose' and Drink and Drug news (DDN) and through the success and high take up of the RCGP Part 1 certificate. Also the website houses all the well used and well known guidance documents we have produced in partnership with the RCGP, the latest being the

Hepatitis C guidance. All of these reflect the increasing impact of the project on the field.

3. Advisory work

During the course of the year, due to funding uncertainty we had to scale down and ultimately cease our hands on advisory service. Although we are still a well used resource for advice and information via telephone and e-mail. As a result our staff numbers have decreased. Due to the fact that the funding issues were not settled until the 3rd quarter of the year we were in a state of uncertainty as to what we were being contracted to do. It eventually became the case that we were not contracted to deliver advisory services in 2006/7

4. Joint Working with the RCGP

Conferences Seminars and Workshops

Two regional conferences/seminar days were organised jointly by SMMGP and NTA regional teams for those developing primary care based services.

The RCGP conference planning committee commissioned SMMGP to co-ordinate the planning of the RCGP national conference on Drug Misuse in Primary Care in conjunction with Healthcare Events, and this was delivered successfully. As a result SMMGP have again been commissioned to co-ordinate the 2008 conference.

Due to the success of the first national conference for people involved in shared care, particularly Shared Care co-ordinators organised by the project in April 2006 a second one is planned for September this year in Birmingham and there is already marked interest in places.

SMMGP continued to support the RCGP certificate programme in terms of advertising and signposting, facilitating CPD events and being part of the ongoing improvement and review process for certificates 1 and 2

Guidance Documents

SMMGP worked in partnership with the RCGP on the production of the following guidance documents in 2006/7: and Hepatitis C and benzodiazepines. The former has been completed the latter is at an advanced stage

Membership Scheme

As part of SMMGP's renegotiated workplan (see appendix 2) for 2006/7 and 2007/8 a commitment was made to establish a formal membership scheme. This has been initiated. The target was that 500 members would be recruited by April 2008. However this target was reached by April 2007. We have been sending out monthly clinical and policy updates to members and a member consultation was initiated on the topic of contingency management. Feedback on the membership scheme has been extremely positive and the updates very well received.

Conclusion

Over the last eleven years SMMGP has grown from an A4 newsletter written from a GP's surgery, out of hours, to a vibrant network supporting good practice throughout the country with high quality advice, information and guidance delivered through a wide variety of media including the expanded newsletter, the largest clinical web-site in the UK, the largest medical conference on this topic in the UK. The team has moved with the times identifying new priorities as they arose from basic shared care development in the first instance through the establishment and development of shared care monitoring groups, to best implementation of the nGMS contract to the present where we see the enhancement of quality and effectiveness in primary care mirroring the work of the NTA, HCC and NICE.

We are looking towards future systems of integrated working between primary and secondary care that are robust and sustainable.

Plans for 2007/8

Our workplan for 2007/8 is in appendix 2. Over this year we are looking to negotiate the longer-term future of the project as well as looking to work closer with the Psychiatry network (SCAN)

Finance

Unfortunately the 06/07 financial statement has not been available electronically. It will be added to the report in hard copy form.



Appendix 1 : Network reader survey

Do you find network useful? 1-5 (5 =excellent) Total responses 205

5. – 114 = 56%

4. – 81 =39%

3. - 10 =5%

No 1s or 2s

Mean score 4.5

Have we got the presentation right? Total responses 198

5. 80 =40%

4. 105 =53%

3. 13 =7%

No 1s or 2s

Mean score 4.325

Have we got the balance between clinical practice, policy and research right in the newsletter? Total responses 201

Yes 197 = 98%

No 4 = 2%

The no's were

1. More on research would be good
2. Clinical practice should take clear precedence
3. It is rather focused at the harm reduction end of treatment. Ironically, it is this end of the spectrum that most of us feel comfortable with. Many service users want to achieve drug free status and there is no reason why primary care can't help with this process. How about some articles on the evidence base for a drug-free recovery and a bit more balance? We need to get good at the things we don't do so well.
4. I would favour more emphasis on policy and politics in the future and on new ways of working as we enter a new phase of care

What is useful or not useful about Network?

Comments

Articles, info

Research and policy updates

User friendly

Interesting articles viewpoints and news

Very informative, based on evidence based practice

Highly relevant to my field of work

Information

Good choice of relevant topics

Update info, Dr Fixit

Out of touch as haven't received it for a few years
Info, correct thinking, update on clinical practice
Very useful and practical, Primary care based + evidence based info
Wide ranging articles on service delivery, design and commissioning
Informative and up to date
Update on topical issues
Bulletin board of what's happening
Little in the way of pharmacy issues on most occasions therefore more interesting than useful
Keeps bringing me up to date- gives me a refresher on clinical conditions
Updated info RE primary care, new legislation FAQs and answers
Wide range of topics, updating
Clinical issues, notification of educational events
Find out what others are doing – keep up to date and learn
Very useful keeping up to speed
Informative keeps up to date
Excellent articles, always relevant
An update resource to support my practice
I like the questions that Drs send
Great layout –quality articles
Informative + views from outside world
Excellent database of info and current topics
Different opinions and ideas
Covers a wide range of issues, case studies good
Offers great opportunity to network
Short articles, easy to find time to read
Much not new to practicing GPSI who goes to conferences, updates
Co-ordination of shared care, good practice
Articles very interesting and useful
Really readable practical info- reinforces existing knowledge and builds confidence
Good practical stuff
Dr Fixit
Case studies and articles#
Keeps me up to date with most pertinent issues from recognised experts in the field
Most of content relevant to general practice – very 'real life' no ivory towers
Advice and management protocol
Dr Fixit
Dr Fixit
Relevant info on what's happening
Always topical – tends to have articles about issues I have been thinking about that week
Helpful especially Dr Fixit
Language very clear and easy to read
Useful to read other professionals experience
Up to date information on events and conferences as well as NICE guidelines & Q&A on challenging patients
Find view and sharing, policy, findings and interventions useful
News views advice – current thinking
Always relevant up to date and interesting
Articles relating to management of substance misuse
More editing, less words
Practical info on managing users
Relevant articles –well presented, concise and readable
Looks at things differently - makes suggestions not occurring to me
Learning from each other
Good to have case studies and author opinion
Case studies – well written and presented articles

Short informative articles written in a direct style
Clinical practice articles
Relevant articles on substance misuse in Primary Care – Dr Fixit – Policy changes
Essential to hear how other people tackle even relatively straightforward problems, a good read
Up to date info – it's usually the first place I read about changes to prescribing. I really like the slightly 'informal' tone – its not pompous and very friendly
Clinical info
Advice in articles + Dr Fixit interesting and helpful
Range of activities by drug misusers
Useful articles and updates
v. Interesting to understand primary care perspective on drug use issues
Being on the periphery and mixing mostly with local drug workers it keeps me thinking about issues that I don't face day to day
Interesting mix of articles and news
Great bulletins updates and links
Keeps me up to date with practical advice
Good content I learn a great deal from it
Good evidence based clinical articles of relevance to primary care. Accessible and clear
Given the published evidence, self-help groups are generally under-utilised. I'd like to see an article summarising the evidence base for self-help in helping to achieve recovery.
All of it!
Providing examples of good practice. Language used is understandable to non-medics as well. Use articles to influence our own local GPs.
Short informative up to date articles
Useful articles
Primary care perspective
It gives the most up to date reports, views from both service provider and also service user
Concise relevant information
Informative and thought provoking
To keep in touch with current issues and practice
Covers all the topics that clinicians are dealing with on a daily basis
Up to date information, relevant topics, good debate
News, articles on prescribing issues
Different experience
Pragmatic approach to managing issues relevant to work
Learning, case studies
Topics are presented in a very professional and experienced way
Useful reading
Sadly I don't have time to read it amongst everything else (rest of form left blank)
Variety of news and development issues
Précis of present policy
Clinical case scenarios with discussions are very helpful
Bite sized chunks of info from a variety of different clinical perspectives
Gives me more info on this subject
Relevant, topical, readable
All useful
Very useful for grassroots practitioners, to which this probably is aimed, have found it less useful for clinical leaders
Information relating to prescribing medication and recent research into such.

What would change about the way network is set out

Comments

No change please

None excellent as it is

Very good and I usually read it right through-no change

Very presentable, I am hard pressed to think of how it could be improved

Slightly more academic presentation of evidence base

First edition so cannot say

No

Nothing

Good layout

Your spelling is a bit 'iffy'

Some sections repeated

Layout's great

I would prefer a more didactic layout – clinical cases – how to do...etc etc. I find the journal 'bitty'.

Please keep the paper copy

Easy to read and follow

Good layout, eye-catching headings and colour

Right length and frequency

Don't change it, I like it

Well presented

Headings to paragraphs and 'breakdown' of pages makes it easy to read

Happy as it is

Always room for improvement

No Change- I especially like Dr Fixit

Never given me cause to consider improving it.

Dr Fixit cartoon is too stereotyped (but give useful info)

Generally I find it a useful publication

Not sure what else to compare it to.

Layout and practical examples of how to help

Relevance

Larger font for visually impaired

Like the format, easy to pick up

Presentations are very articulate and to the point, no change recommended

You should always publish my articles

Balance between clinical, policy, research, is it right?

Comments: (NB all these responses are from people answering yes)

Good mix

Sometimes appears philosophically biased

I'm more interested in clinical stuff but I'm aware other people want to read the organisational stuff.

Yes and its readable

Less policy articles

Balance is excellent

Not too dry as can happen

I don't get bored reading it

Research less useful (but interesting)

There is enough to warrant my interest though not a doctor

I would like snippets of research on the horizon i.e. latest on crack treatment as well as the plans of other agencies such as the police and the NTA

I have only recently been aware of the valuable work SMMGP have been doing and find it encouraging to see the services going in the right direction at last

I'm particularly interested in clinical issues, so it suits me, more on current research would be useful

Newsletter is up to date and appropriate, but there could be room for improvement

Other topics you'd like us to cover

More updates on policy development

Benzos in primary care

Use of contracts

Nurse prescribing

Summary of recent research/trials/articles of interest from other journals, sources

Clinical evidence of outcome RE rehab

NICE guidance on abstinence rehabs when its published

Benzo's/alcohol A pragmatic approach? - Or is dogma better?

The place of pharmacy in substance misuse management

Nitty gritty down to earth stuff about how each GPwSI is working, how does their clinic run?

How do they liaise? What are they doing?

More practical counselling advice, CBT/MI techniques

Needle exchange models

Urine tests vs. mouth swabs – pitfalls, reliability

More detailed info on tier 4 & structured aftercare programmes

Ways of improving communication (re patients!) between prescribers, workers and pharmacists

Subutex/Suboxone – are they worth the expense

Courses/updates etc – more info not just bulletin board

More form user groups/ users

Missed doses at the chemist: methadone/opiates/diazepam/dexamphetamine

High-risk patients – poly drug & high alcohol, especially binge drinkers

Role of PCT accountable officer & their relationship to police pharmacy inspectors

More on local experiences of primary care delivery

Complimentary therapies

Complimentary therapies especially acupuncture

Management of drug users in a police custody setting

Advice to GPs taking on patients on maintenance treatment who have been discharged from drug clinic.

The challenge of patients with dual diagnosis

Crack cocaine – evidence for treatment

Gap between NTA directives& primary care delivery (i.e. NDTMS reporting &full care planning)

More from users point of view

Experience of colleagues working in the field

Pharmacy related matters e.g. opportunities offered by daily contact

Critique of 'Big Parma' is the makers of buprenorphine actually superior to Afghan poppy farmers? Answer is obvious

More basic pharmacology on interactions opiates/stimulants/anti-depressants/ benzos

Different models of care provision, advantages and disadvantages

More for nurses/pharmacists

Possible book discussion on relevant topic

Role of Suboxone

Drug use in Ethnic minorities. How patients in these groups differ in their drug use and response to treatment options

Methadone and driving

Delivery of prevention & brief interventions by GPs

Suboxone pros and cons

Working with other agencies e.g. housing, benefits, Social Services. In particular regarding homeless patients

Other recreational drugs and their problems

Getting partnership working right

More nurse prescribers' experiences of prescribing for substance misuse

Effect, benefits of the introduction of nurse prescribing- how is it working

Pharmacy issues – supervised consumption vs. daily or less frequent collection without supervision.

Drug related Deaths

Hepatitis: numbers, treatment options- possibly stories – collaboration from EU

Residential care

Diversion of medication – best practice highlights

Out of hours consultations

Sex workers. Amphetamines

New treatments, treatments in prisons

Pragmatic pharmacy view of dealing with addiction whilst trying to juggle other tasks of pharmacy

Psychological therapies and substance misuse

Management of older drug users 'gerryaddicts'

Management of severe and enduring mental illness and how to encourage psychiatrists to treat it.

Prescribing dilemmas, impossible choices

Is it financially worthwhile for a surgery to be on an enhanced service? – I don't think it is and would be willing further

Outcomes

Relapse prevention work

Different models of shared care and methods of encouraging GPs into the scheme. GP performance monitoring, comments on negative publicity in Scotland RE methadone.

Non-medical prescribing issues and development - Pharmacy issues

Non-Medical Prescribing

Book reviews when appropriate

Job adverts

A little more on treatment approaches i.e. CBT, Person centred, 12 step etc.

I find it alarming that the increase in drug taking in the gay community and the risk they put themselves at because of this

Alcohol update

Strategies for reduction/abstinence that are proved to work

Establishing shared care

Communicable diseases, family liaison and prison

Child protection – link working with Social Services continues to be a source of anxiety – women won't access treatment for fear of Social Services involvement.

More emphasis on nursing aspects of drug management issues

Alternative therapies

More homeless issues

Suboxone in practice – effectiveness and any induction issues

More on alcohol – especially the inadequate government funding and policy

Other drugs, cocaine, amphetamines etc.

Pre-treatment MI, Brief interventions

Pharmacist issues

High dose prescribing in shared care

Social enterprises, Suboxone, diversion, Practice based Commissioning, Secure environments

Would you like to write an article yes = 22

What on

Deleted for confidentiality

Appendix 2

The Substance Misuse Management in General Practice Project

Project plan for 2006/7- 07/08

SMMGP'S primary aim is to provide and manage a national practitioner network that educates, encourages and supports GPs and other members of the primary health care team, to deliver accessible, high quality and effective care for drug users in the community within a whole treatment system approach.

This paper is produced in response to DH/NTA letter indicating that the SMMGP had to significantly reduce spend for this financial year. Based on our experience and given the extent of the networks remit, we have produced a project plan achievable within this year and sustainable into year 07/08.

Substance Misuse Management in General Practice (SMMGP) is a national practitioner network funded by the NTA working in collaboration with the Royal College of General Practitioners (RCGP) Substance Misuse Unit (SMU) and National Treatment Agency for Substance Misuse (NTA). Bolton, Salford and Trafford Mental Health NHS Trust host the project team.

SMMGP originated in its embryonic form in 1996 born out of the first RCGP Conference on Managing Drug Use in General Practice. This much needed conference was attended by over 90 delegates most of whom were GPs. The conference produced a consensus statement that led to the beginning of

a grass roots practitioner support network and the inception of the first SMMGP newsletter, now known as *Network*. This coupled with the emergence of an excellent web site and advisory service, contributed to the development of high quality primary care based drug services and shared care schemes throughout the country.

Currently SMMGP oversees the development of the RCGP Management of Drug Users in Primary Care Conference programme, and works in conjunction with the RCGP SMU to provide clinical guidance to GPs and other primary care professionals through the development of guidance documents and training.

SMMGP works with partner agencies including the RCGP SMU, NTA, and SCAN to ensure that the quality of information disseminated via the SMMGP resources and network are in line with national policy directives and national clinical standards.

In order to ensure a whole systems approach we intend to continue working in collaboration with RCGP, RCPsych and SCAN via the consensus project group.

We also intend to develop a formal membership scheme which will allow us to target information effectively and receive feed back from the field more efficiently.

The minimum requirement to continue to provide the support necessary to maintain a healthy network is:

1. Clinical Director (Sessional)
2. Policy Officer (FT)
3. Network Coordinator (FT)
4. Administration (PT)

Clinical Director

- Directing and representing the organisation .
- Clinical accountability.
- Clinical expertise into project resources and development.
- Executive editor.

Policy Adviser

- To keep up to date with national policy.
- To disseminate information throughout the network
- To be responsible for policy and clinical standards across the the project.
- To manage the clinical and policy content of the website.
- To manage and moderate the interactive discussion forums on the website.
- To facilitate the development of national, regional and local networks.

- To inform the development of national policy by collating and disseminating the experiences and needs of primary care professionals.

Network Co-ordinator

- Editorial management and development of *Network*, website and project resources.
- Promotion and development of the practitioner network, project communications and membership recruitment and services.
- Co-ordination and management of conference, membership, practitioner and partnership events.

These posts are inter-related as it is the quality of information and practitioner activity that creates the practitioner network. The content of the project resources is derived from the experiences and contacts with those working at a grass roots level and informed by a critical analysis and collation of those experiences.

For the practitioner network to remain a vehicle for the dissemination of 'good practice' across our network it needs to have the facilitated and supported participation of the network members. This will allow for the effective dissemination of national documents including the 'revised clinical guidelines and NICE guidance'

Below we have outlined our key aim, objectives, outputs, milestones and costings for the next eighteen months.

SMMGP'S primary aim is:

To provide and manage a national practitioner network that educates, encourages and supports GPs and other members of the primary health care team, to deliver accessible, high quality and effective care for drug users in the community within a whole treatment system approach.

Objectives

1. To provide an information and networking service to primary care, through providing a contact point for primary care professionals to either access information or be linked into local regional or national support networks.

2. During 2006/8 key guidance documents will be written or updated that will affect GPs interested in substance misuse treatment namely and Update of Drug Misuse and Dependence: Guidelines for Clinical Management (DH 1999) and NICE guidelines on a range of drug misuse treatment interventions. SMMGP aims to be central to the dissemination and interpretation of these documents in relation to primary care.

Outputs

- Establish one national primary care development and policy forum with 100 members.
- To liaise and keep updated quarterly with each existing regional forum.
- To run one primary care development and policy conference
- To provide quarterly reports detailing how many people have contacted the network .

2. To encourage dialogue between practitioners across regions and localities to ensure the dissemination of good practice through the continued provision of GP moderated discussion groups on the website.

Output

- Web site discussion forum to continue to average 250 posts a month

3. Through our interactive website and quarterly newsletter educate GPs and other healthcare professionals to deliver high quality care in line with national clinical and policy guidance.

Outputs

- 4 newsletters annually
- Web-site information updated weekly
- Web-site overall content reviewed quarterly
- Annual readership and web-site user feedback surveys

4. To educate and disseminate good practice to GPs and primary care professionals through the development and management of the RCGP conference on Managing Drug Users in Primary Care.

Output

- One National Primary care conference for 600 delegates

5. Establish a formal membership system for those involved with the SMMGP network that will inform the development of national and local policy and practice through the representation of the experiences and needs of primary care professionals.

Output

- Formal membership scheme established with 500 members

6. Through our network effectively disseminate policy documents including the revised clinical guidelines and NICE guidance.

Output

- To have a record and provide a report of mechanisms by which policy has been disseminated with estimated audience size

7. Work in collaboration with the members to ensure that the practitioner network develops in response to their needs.

Output

- 2 surveys of member opinion to take place a year

Milestones					
3 rd Quarter 2006/7	4 th quarter 2006/7	1 st quarter 2007/8	2 nd quarter 2007/8	3 rd quarter 2007/8	4 th 2007/8
Project plan completed and agreed	Quarterly report submitted.	Quarterly report submitted	Quarterly report submitted	Quarterly report including report on dissemination of guidance/guidelines submitted	Quarterly report Submitted
Staffing in place	First survey of membership opinion initiated	Annual report submitted	Next membership opinion survey initiated	Succession strategy agreed with NTA	Succession strategy active
Formal membership scheme initiated and recruitment started	200 members signed up	Membership survey results published	Planning initiated for 2008 RCGP conference	1 newsletter published	1 newsletter published
RCGP Conference programme finalised	RCGP conference planning complete	RCGP conference delivered and evaluated	Primary care policy and development conference evaluated	RCGP conference programme finalised	Web-site content reviewed
New record keeping systems in place	1 newsletter published	Primary Care policy and development conference delivered	1 newsletter published	1 newsletter published	Newsletter readership survey complete
1 newsletter published	Readership survey complete	400 members signed up	Web-site content reviewed	Web-site content reviewed	Web-site user survey complete
Newsletter readership survey sent out	Web-site survey complete	NICE guidance dissemination initiated (if published)	500 members signed up	Clinical Guidelines dissemination initiated	Clinical Guidelines dissemination continued
Web-site user survey posted	Web-site content reviewed	1 newsletter published	NICE guidance dissemination initiated	Newsletter readership survey sent out	RCGP conference planning complete
Quarterly web-site content review complete	Primary care development and policy conference programme complete	Web-site content reviewed	Primary care dev Conference evaluated and decision made whether to repeat	Web-site user survey posted	
Primary care development policy forum conference planning committee established				Membership survey results analysed	

