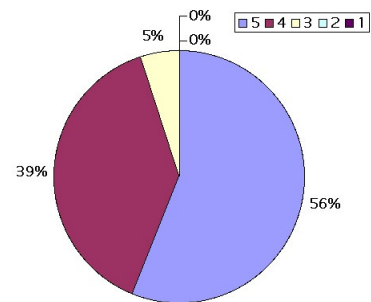




Network Reader Survey

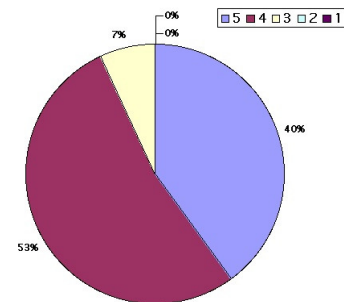
Do you find Network useful?

5	Very useful	114	votes	=	56 %
4		81	votes	=	39 %
3		10	votes	=	5 %
2		0	votes	=	0 %
1	Not useful	0	votes	=	0 %
<i>Total responses</i>		=			205
<i>Mean score</i>		=			4.5



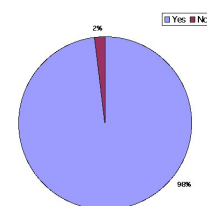
Have we got the presentation right?

5	Excellent	80	votes	=	40 %
4		105	votes	=	53 %
3		13	votes	=	7 %
2		-	votes	=	0 %
1	Not right	-	votes	=	0 %
<i>Total responses</i>		=			198
<i>Mean score</i>		=			4.3



Do you think we have the balance between clinical practice, policy and research right in the newsletter?

Yes	197	votes	=	98 %
No	4	votes	=	2 %
<i>Total responses</i>		=	201	



The No's were...

- More on research would be good.
- Clinical practice should take clear precedence.
- 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.
- I would favor more emphasis on policy and politics in the future and on new ways of working as we enter a new phase of care.

Please comment on what you find useful or not about Network...

Here are the answers we received to this question...

- 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.

Please comment on anything you would change about the way Network is set out...

Here are the answers we received to this question...

- 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

Do you think we have the balance between clinical practice, policy and research right in the newsletter?

Here are the answers we received to this question...

(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

What other topics would you like us to cover in forthcoming editions?

Here are the answers we received to this question...

- 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.
- Nerido (????) It’s a good drug produced by Scherring & patients want more information
- 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 for Network?

22 people answered yes to this question (responses withheld for confidentiality).

Please make any other comments about any aspect of Network...

Here are the answers we received to this question...

- Excellent please continue
- Good choice of topics in past
- Very good publication thank you
- Keep it up its brilliant
- I think its good, not too much not too little
- A very good well balanced newsletter for all parties involved in substance misuse treatment.
- Keep it coming
- Well done
- Keep up the good work
- Love the format
- Keep it going
- Very helpful document
- Network is distributed to all drug workers, they all value the content.
- Generally very good
- Where are the Prestwich trained nurses?
- What's going to happen about your funding in the future?
- Generally an excellent resource
- Excellent reading
- Excellent resource
- I always enjoy it, thanks
- Please continue
- More of the same please
- Enjoyable read, I feel disappointed at how few pages there are to read
- Can non-professionals subscribe?
- Good resource Hope printed version continues
- Its about time the services are working to the right direction, and move on from the past which proves does not work on the old policies
- It is a great network – people can share experience in the field
- Could you ensure that employers make provision for practitioners to attend follow-up/update seminars/training
- Prefer paper copy, not an e-mail