

# SMMGP

Substance Misuse Management in General Practice

**A newsletter for General Practice by General Practice, working with drug users.**

- **All GPs should offer General Medical Services (GMS) to drug users;**
- **All GPs should be willing to assess drug misuse problems and refer patients as appropriate;**
- **Where GPs take on an extended role in the care of drug users this should be resourced in recognition of the extra workload;**
- **There is an urgent need for training about drug misuse to be included in core medical training at an undergraduate level. There is also a need for continuing medical education in this area for all GP registrars, GPs and hospital doctors.**
- **We therefore call on the Department of Health, General Medical Services Committee(GMSC), the BMA and the Royal College of General Practitioners to take appropriate action to address these concerns.**

This was the unanimously agreed consensus statement of 78 GPs and 20 other health professionals working with drug users who attended the Managing Drug Users in General Practice Conference at the Royal College of General Practitioners at the end of April. This was the first national conference and forum for debate amongst general practitioners on the subject of drug misuse, focusing the debate on the role and function of General Practitioners in managing drug users. The conference appears to have demonstrated a need for GPs to have the mechanisms to dialogue and communication amongst each other around these issues. In facilitating this and offering a bridge to the isolation that many GPs expressed then the conference has begun an important process.

It is significant that the Conference was able to define a consensus statement, particularly in light of the Department of Health's Task Force Effectiveness Review of Drug Treatment Services in England and Wales, published on 1st May. The Report section on General Practice concludes that GPs and their health care teams have an important role to play in the provision of care to drug users. In particular:

- **all drug misusers should have access to General Medical Service, primary care through normal registration with a GP.**
- **GPs are well placed to identify and offer advice to drug misusers who may not be in touch with specialist agencies;**
- **GPs have a role in the provision of care and treatment of drug misusers within a system of shared care with a specialist agency.**
- **Success of the shared care model depends on the availability of support workers and co-operation between the GP and the specialist service.**

*The Task Force did not see the expansion of shared care as an alternative to the current role of the specialist services. Some drug misusers will continue to need specialist support and counselling which it would be unreasonable to expect a GP to provide in general practice. However they do see value in the involvement of GPs in:*

- offering care in a setting which is not seen as stigmatising;
- improving the general health of clients;
- monitoring and prescribing for people who have stabilised on methadone treatment;
- freeing specialist services from day to day management of stabilised drug misusers and enabling them to bring into treatment people on waiting lists to begin a process of change.

#### **The Task Force Recommends that:**

**GPs have a responsibility for the physical health needs of drug misusers within the provision of general medical services and should be encouraged to identify drug misuse, promote harm minimisation and where appropriate refer to specialist services.**

**the process of shared care with appropriate support for GPs, should be available as widely as possible. Health authorities should encourage its expansion to enable GPs to take overall responsibility for drug misusers and agree with a specialist a treatment plan which may involve the GP prescribing substitute opiate drugs.**

**GPs should be sufficiently skilled to identify problem drug misusers who may be consulting them for other, perhaps related, problems. This may require a programme of specialised training for some GPs.**

**GPs should know to whom they can refer in a crisis for ongoing support, either from specialist drug workers, such as community psychiatric nurses, regularly attending clinics, or by access to a named key worker in the local specialist agency.**

**The service provided by the GP should be agreed between the Local Medical Committee and specialist services and should clearly set out the respective roles of the GP and specialist services, and the support the GP can expect in delivering the service.**

**The agreement between the Local medical Committee and specialist services for the provision of shared care should include arrangements for referral, assessment and management. Purchasers should monitor local arrangements and ensure adequate controls are in place.**

*Where the service is defined as exceeding the requirements of GMS, following consultation and agreement with the profession, the question of additional payment for the delivery of a specialist service needs to be considered.*

Clearly the question of the role and function of general practice in managing drug users is on the agenda. But there are many issues within the broad sweep of recommendations that come from the Task Force that need to be addressed. If the issue of drug users in general practice is not simply to be a fashion then real attention needs to be paid to the needs of the GP in this field, and how they can be best supported. What the Conference demonstrated is that there is an increasing number of GPs becoming involved in this work, who are potentially isolated and overwhelmed by the task ahead. One of the strongest elements of the evaluation of the Conference was the value GPs placed on meeting like-minded GPs, breaking down this isolation and providing an opportunity to reflect on practice. Dialogue and communication were clearly strong themes.

We want to carry forward this energy and commitment, hence this newsletter. Yet, the newsletter's only value is the contact and communication it facilitates between us. So we want and need to hear from you. Models of good practice? Examples of effective shared care? Effective outcomes? What is shared-care, and how do we do it? Who is best treated in general practice? How you keep yourself sane?

If you have any contributions then contact us: Brian Whitehead and Chris Ford  
SMMGP Newsletter, 5 Jardine House, Harrovia Business Village, Bessborough Road, Harrow HA1 3EX