

READING PCT – National Enhanced Services Drug Misuse Services

Introduction

The new GMS Contracts, which are being introduced with effect from 1st April 2004, will shortly be negotiated with practices to agree what services they will provide for people “suffering from drug misuse”. These services are in the category of a National Enhanced Service. This is an ‘opt in’ service, and this means that GP practices are able to opt out of providing any services above the core service level, and this will include much current good practice by way of the shared care 4-way Agreements.

Since the publication of the GP contracts a consensus statement from the General Practitioner Summit has been released by the National Treatment Agency (attached). The proposal for Reading PCT is in line with this consensus statement.

Background

The Berkshire “4-way agreement” shared care model for management and treatment of opiate dependent patients was introduced in 1999 and successfully rolled out across Berkshire. It has won a national “Best Practice” Primary care award and CHI have highlighted the scheme as an example of good multi-disciplinary working and audit. Payments are made to GPs and Pharmacists for involvement in shared care and a system is in place for calculating and organising these payments. The funding for which comes via the Reading Drug Action Team (DAT).

Reading Drug Misuse – Current picture

- In Reading we have a total of 219 patients (248 “slots”) on the 4WA as at September 2003.
- We have 83.3% (25 out of a possible 30) GP practices prescribing in shared care which means that **Reading PCT is in the highest category “significantly above average” for CHI ratings.**
- We have currently 59% of our GPs prescribing under the 4WA.
- Payments to GPs in 2003-04 are projected to be £22,320 (@ £90 per slot).

The nGMS contract- National Enhanced Service Model

The national enhanced service specification is met by most of the four way agreement model except in that it asks GPs to have completed additional training and continuing professional development (for example, the RCGP in Drug Misuse). In Reading we only have three GPs who have either completed this certificate or are currently undertaking the certificate.

If we model the national enhanced service to Reading we would have a gap of 78 GPs not being able to participate in this enhanced service model.

Suggested models for implementation

Primary care substance misuse services can be converted into a three level model. It is important to understand that GPs working at any of these three levels will still

require support from key-workers and the specialist agency, Thames House as required by Department of Health Guidelines.

a) First level – Basic Service (LES)

Convert the current model of 4WA into a locally enhanced service (LES).

- This will safeguard current prescribing under the 4WA and maintain status quo.
- It may encourage GPs not taking on substance misuse to do so without having to undertake the RCGP training but localised training.
- A “level 1” RCGP training course is being developed for 2005 which the current local RCGP tutors (Marion Walker and Dr Stephen Pick) will be able to run.
- Principally funding will be coming from DAT monies as it has traditionally done.
- Increase the payment made under this scheme to £120 p.a. / patient slot. Current payment is £90 p.a. /patient slot. The number of slots would decrease to 200 (as remainder transferred to middle level) therefore net increased cost would be $200 \times £120$ minus $248 \times £90 = £1680$. It may be possible that DATs would absorb this cost thereby making payments easier to organise.

b) Level 2 - NES

- Nationally Enhanced Service model – as per nGMS contract document
- Can be offered to GPs who have undertaken the RCGP training for drug misuse
- Also has the option to take on patients who may not be registered with the practice e.g. homeless etc. for substance misuse services
- The practice would additionally be reimbursed cost of drugs prescribed into the prescribing budget- Thereby not being penalised for taking on prescribing in this group of patients

Financial implications

Level 1 payments – additional £1680. It may be possible to obtain this from the Drug Action Team.

- Calculation and administration of these costs could continue to be organised via the primary care substance misuse services co-ordinator / PA who would arrange for invoicing to Reading DAT.

Level 2 payments:

Practices would receive a £1000 retainer and £350 maintenance per patient per annum.

Calculation and administration of these costs could be monitored via the primary care substance misuse services co-ordinator/PA who would ensure that payments are fair and accountable.

2004-05 costs for Reading PCT

- £3000 retainer costs at current level (i.e. 3 practices) – one GP may need to be paid pro-rata when course completed in November.
- £24,500 on maintenance treatment based on patients at surgeries of Dr Grover, Dr Pick, Dr Barrow with allowance for 17 additional patients

Total costs - £27,500, plus cost of drugs ... for 70 patient slots £15,000 to £20,000 = £45,000

2005-6 costs

- with aim for 5 more GPs to complete the RCGP course
- £8000 retainer
- 120 patients on maintenance/slots = £42,000

Total costs - £50,000 plus cost of drugsfor 120 patient slots £21,000 to £28,500 = £75,000

Future “cost risk”

If 24 practices involved, estimated cost would be £24,000 plus 350 patients (assuming continued growth in numbers in treatment) @ £350 = £150,000

c) Third level

Maintain and support the GPSwl role (Dr Pick), which fulfils the national enhanced service specification as well as works with the key workers and Thames House. This role would be instrumental in outreach work, supporting GPs in level 1 and level 2, and treating difficult clients with support from key workers and the specialist agency.

The GPwspi employed by the PCT – 0.5WTE?

The GPwspi involved with the CJIP (Criminal Justice intervention project) and will need to be supported in providing such a service.

- £30,000 Additional costs such as admin support, premises, clinical supervision, prescribing costs, clinic costs etc will all need to be included – some of this may be offset by linking this with CJIP.

Superannuation

4 WA payments to GPs are superannuable. This may need to be factored in to the calculations.

Pharmacy services

Increased Pharmacy costs

- £16,000 -Level 1 – supervised consumption/shared care rates need revising in line with increased prescribing of Subutex and in line with inflation (not revised since 1999). Some cost may be offset by Reading DAT.
- £4,500 - Level 2 – Pharmacist with special interest (who has completed RCGP course) recommended for each locality 15 days per annum to support local pharmacists and link with primary care substance misuse services co-ordinator @ £300 per day

Again some of these costs may be offset with help of DAT and CJIP funds.

Conclusions and recommendations

- Reading PCT, with 83% of GP practices, is in the highest category “significantly above average” for CHI ratings in terms of its rating for “percentage of GP practices in a shared care scheme for drug misusers.
- This is as a result of the shared care scheme, the “4 way agreement”; operated with local community pharmacists and the community drug team “Thames House”.
- 3 levels of primary care service are recommended
 - A LES, level 1, which is identical to the current arrangement for the 4 way agreement, with an increase in patient slot payment from £90 to £120 per annum. As the number of slots at this level would decrease (because of a significant number being paid under level 2, NES see

next bullet); the net increased cost would only be £1680. It is anticipated that Reading DAT would absorb this cost. The current RCGP tutors would provide a level 1 one day training for GPs (costs not included) in 2005.

- A NES, level 2, for 3 GP practices where GPs have completed the RCGP level 2 certificate. These practices would take on some additional patients, estimated total 70 slots. In addition to the NES payment, these practices would have their drug (methadone and Subutex) costs re-imbursed. Additional practices would convert from LES to NES as a GP completed the RCGP course. Total estimated costs for 04-05 = £45,000, 05-06 £75,000 future risk cost if all practices converted £150,000.
- A GP wspi, level 3 would support GPs in level 1 and 2 as well as linking with CJIP and the specialist services. This is currently funded via the DAT and CJIP. Additional admin etc costs would be required of £30,000 which may be offset with the help of the DAT and CJIP.
- Pharmacy payments will need to also be revised in line with GP contract changes and in view of change from methadone to Subutex. £16,000 additional costs for level 1 and £4,500 for level 2.

Prior Agreement and Approval

This paper has been produced as a result of meetings and discussions with Dr Rod Smith, Dr Stephen Pick, Melissa Snaith, David Thompson and Marion Walker. Similar discussions have been held with Sangeeta Shah (Slough PCT) who has presented a similar recommendations to Slough PCT.

Decisions and Actions Required

The Executive Committee is asked to consider a three level model for the implementation of the nGMS contract for treatment of opiate drug misusers. This model would strengthen partnership working between the PCT and the Drug Action Team in commissioning services which comply with Department of Health guidance in ensuring that GPs do not prescribe in isolation and that they work within a shared care model with specialist workers with Berkshire Healthcare NHS Trust.

If the committee agrees, I would recommend that

- The proposal is taken to Reading Drug Action team via Melissa Snaith for DAT approval.
- Individual GP practices would then need to be approached to confirm the numbers of practices willing to continue with the LES, level 1 service.
- Each GP practice be asked to confirm the maximum number of patients they would be willing to treat under level 1 or level 2 as appropriate.
- Arrangements be put in place for those patients whose GP practice decides to stop prescribing all together, by transfer to either a level 1 practice or level 2 practices.
- The procedure for allocation to a GP for drug misusers is implemented with the help of TVPCA and PALs.
- A summary paper be prepared for the Strategic Health Authority meeting on March 15th, 2004.

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22nd January 2004