

Oldham's Response To The New GMS Contracts

Oldham Substance Misuse Service (S.M.S.) has a long history of working with GP's in Primary Care. Currently we are offering Shared Care Clinics in 25 of the 46 surgeries in Oldham (54%) which exceeds the NTA targets for 2003/4. We have also established two second level clinics and 19 clients who are suitable for shared care but have non prescribing GP's receive their prescription from a second level GP surgery. Their general medical care remains the responsibility of their own GP.

The Shared Care Monitoring Group which includes local GP's, representatives from the S.M.S., the Drug and Alcohol Action Team (D.A.A.T.) and the Consultant for Drugs and Alcohol have looked at the growing issue of National Enhanced Services versus local enhanced services and felt that both could be offered in Oldham.

A format was devised (see below), discussed and agreed by the L.M.C. and the P.C.T. and is now the agreed format in Oldham for GP's receiving monies for working with drug users in Primary Care.

The local enhanced clinics will ensure that the high standard of care already offered to this client group in Oldham will continue and also allows GP's to work towards a National Enhance Scheme if they wish too.

SHARED CARE PRESCRIBING FOR DRUG MISUSERS PROPOSAL FOR NATIONAL / LOCAL ENHANCED SERVICES

NATIONAL ENHANCED	LOCAL ENHANCED
<ol style="list-style-type: none"> 1. Keep a register of patients 2. Effective liaison with shared care worker 3. Arrangements for regular reviews by doctor 4. Liaison with core SMS, non-statutory agencies, child protection, mental health. 	<ol style="list-style-type: none"> 1. Keep a register of patients 2. Effective liaison with shared care worker 3. Arrangements for regular reviews by doctor
<ol style="list-style-type: none"> 1. The lead GP for the service should demonstrate training to the minimum level of the RCGP certificate in Drug misuse (part 2). 2. Attend at least 2 days relevant training update events per year 	<ol style="list-style-type: none"> 1. Dr to make a commitment to completing the RCGP certificate in drug misuse (part 1) within the first six months of commencing service. 2. To attend at least 1 clinically focused local training update event each following year.
<ol style="list-style-type: none"> 1. Written agreement to prescribe only in accordance with locally agreed shared care guidelines. 	<ol style="list-style-type: none"> 1. Written agreement to prescribe only in accordance with locally agreed shared care guidelines.
<ol style="list-style-type: none"> 1. Be responsible for safety and training of clinical and non-clinical staff. 	
<ol style="list-style-type: none"> 1. Be prepared to look after patients of other practices, where locally agreed. 	
Be able to: <ol style="list-style-type: none"> a) assess drug use, using urine screening. b) treat complications (eg infections) c) test for BBV including HIV(Hep C if pre and post test counselling available) d) Offer Hep B inoculation e) Have an up to date knowledge of different pharmaceutical and non-pharmaceutical treatments for drug misusers f) provide drug information to users and families g) provide harm reduction advice to users and families 	Be able to in collaboration with liaison drug worker: <ol style="list-style-type: none"> a) assess drug use, using urine screening. b) treat complications (eg infections) c) test for BBV including HIV(Hep C testing if pre and post test counselling available) d) Offer Hep B inoculation e) provide drug information to users and families f) provide harm reduction advice to users and families
Carry out annual audit of <ol style="list-style-type: none"> a) attendance, drop outs, etc b) outcomes c) prescribing d) Hep B screening / immunisation 	Carry out annual audit of <ol style="list-style-type: none"> a) attendance, drop outs, etc b) outcomes c) prescribing d) Hep B screening / immunisation
Payment £1,000 retainer £350 / patient / year	Payment £500 retainer £200 / patient / year