

Primary Care Treatment V Secondary Care & Audit at Primary Care

Providence Surgery

Project Goals

- Offer Local Enhanced Addiction service under new GP contract
- Apply Pier Project treatment principles to addicts not involved with serious acquisitive crime
- Offer safe effective choice to Bournemouth patients
- Low cost, fast access, safe community based team approach
- Close PCT monitoring
- Outcomes at least as good as other service providers

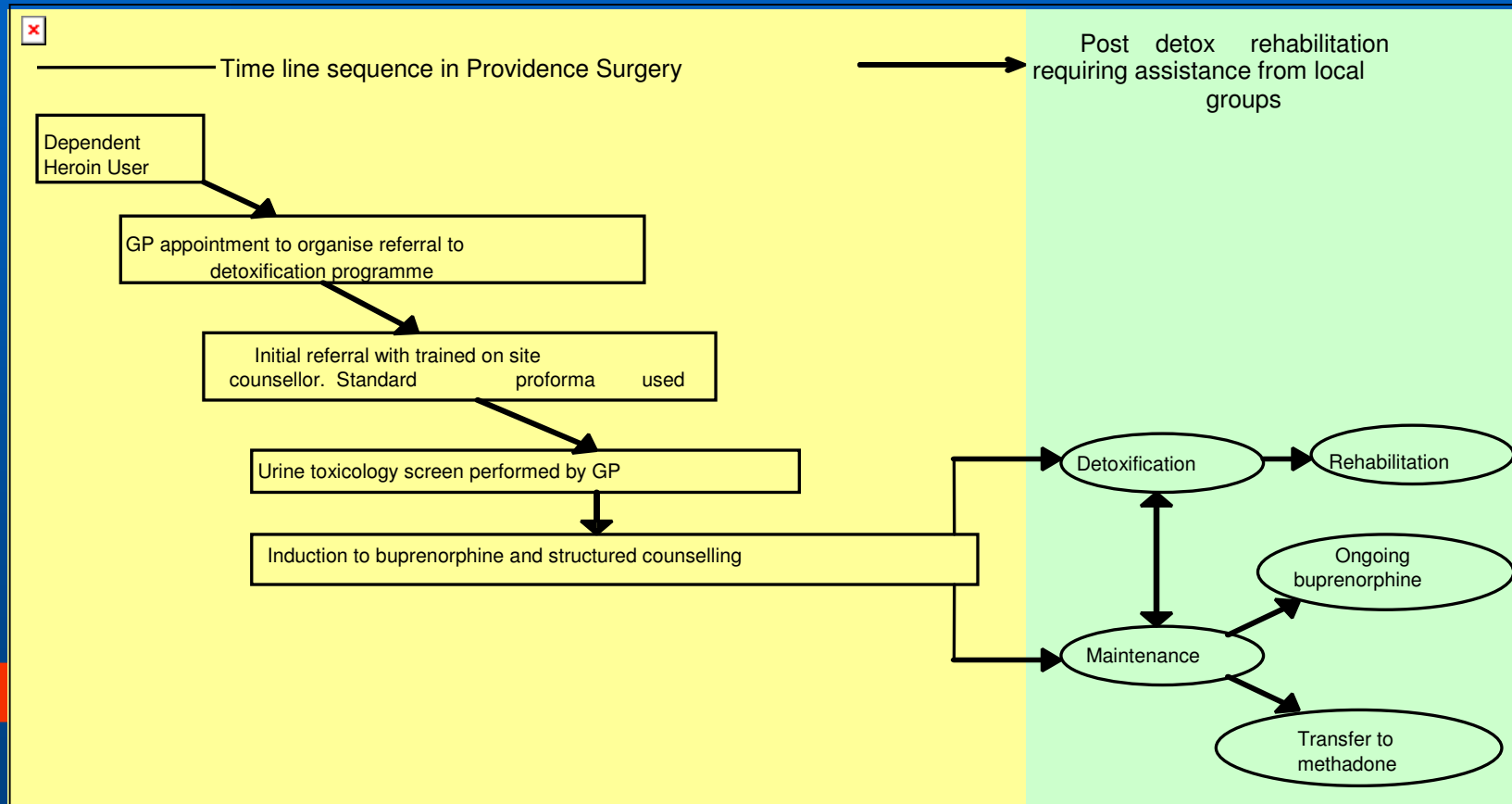
DOH, RCGP, and other agency Goals

1. The practice should have an up to date electronic register of all the patients participating in the detoxification programme: 100% - GMS indicator target 2003 ⁸
2. The time between referral by GP and assessment should not exceed 2 days: 80%.
3. The time between first assessment and start of therapy should not exceed 2 days: 80%.
4. Patients due to commence buprenorphine regimen must have a urine toxicology screen on the day of the first dose: 100% - RCGP guidelines ⁶.
5. The percentage of patients undergoing detoxification whose HIV status is known: 70% - GMS indicator ⁸ and DoH guidelines 1999 ⁴.

Other agency Goals contd.

1. The percentage of patients who have already been immunised for hepatitis B or are currently undergoing immunisation: 90% - GMS indicator ⁸ and DoH guideline 1999 ⁴.
2. The percentage of patients that are not using opiates immediately after detoxification: 60% - GMS indicator ⁸ and DoH guideline 1999 ⁴.
3. The percentage of patients that are not using opiates 3 months after detoxification: 40% - GMS indicator ⁸ and DoH guideline 1999 ⁴.
4. The percentage of patients that are not using opiates 6 months after detoxification: 30% - GMS indicator ⁸ and DoH guideline 1999 ⁴.
5. The percentage of patients who commenced detoxification following participation in the detoxification programme: 60% - GMS indicator ⁸
6. The estimated saving in crime due to drug use should be greater than the total cost of the detoxification programme - GMS indicator ⁸ and DoH guideline 1999 ⁴.

Patient Pathway



Method

- The patient has a surgery appointment (48hours) with a GP
- May be offered to patients in crisis due to their chemical dependency.
- GP refers suitable patients, currently only those on the surgery register for assessment (max 5 days)at the surgery
- Assessment goal - educate the patient about the detoxification programme
- Gather vital information such as details of their habit, relevant behaviour such as injecting status and other drugs used.
- Offered Hepatitis/HIV screening and Hep. B vaccination.
- Urine toxicology screen in performed prior to start.
- Ensure that the client is an opiate addict
- Methadone use, can seriously impair the induction process and can cause severe withdrawal symptoms

Method

- **Joint consultation Doctor, Counsellor, & Patient**
- **Appropriate indications to start**
- **Full agreement on plans-written contract since 01/11/05**
- **Substituting subutex for heroin, follows the RCGP guidelines.**
- **Mild to moderate withdrawal syndromes for 48 hours**
- **By 60-72 hours, withdrawal symptoms are minimal or absent.**
- **Seen on a daily basis Mon-Friday for addiction and motivational counselling.**
- **Depending on individual client characteristics, weekend medication is delivered to the client by trusted others including staff in supported housing, family or those with a long history of recovery from self help organisations.**
- **The buprenorphine drug regimen is as follows:**

Drug Dosage Regime

● Phase 1 – Initiation

- Day 1: 4 mg loading dose
- Day 2: 8 mg
- Day 3 8mg

● Phase2 - Stability

- 8-16mg sufficient to keep most addicts comfortable.

● Phase 3 – Weaning

- Day 1: 6 mg
- Day 2: 4 mg
- Day 3: 2 mg
- Day 4: Stop

- All doses are given under supervision by the counsellor and following cessation of detoxification it is strongly recommended that they continue rehabilitation using local services.

Outcomes Against Goals

Target	Number Achieved	Percentage achieved	Standard Set
1) Detox register	100	100%	100%
2) Referral Time \leq 2 days	96	96%	100%
3) Therapy induction \leq 2 days	78	78%	80%
4) Urine toxicology screen	100	100%	100%
5) HIV status recorded	13	13%	70%
6) Hepatitis B immunisation	71 at start 21 offered	92%	90%
7) Abstinence after detox	81 out of 90	81%	60%

Outcomes Against Goals Contd.

Abstinence after 3 months	34 out of 77	45%	40%
Abstinence after 6 months	16 out of 45	37%	30%
Started rehabilitation	50 out of 90	56%	60%
Crime Savings vs Costs	Subutex Cost	Salaries Fees, overheads	Estimated Crime Savings
	£10,800	£41,000	£2,200,000

NTA Data

- **Access Times to Target** 100%
- **Number of Completions** 90
- **Number of Planned Discharges** 4
- **Number of unplanned discharges** 11
- **Five patients underwent 2 treatment cycles**

Sex/Ethnicity Background

Additional Pharmacology & Support

- Male 77%
- Female 23%
- Non-Caucasian 6%
- Homeless 47%

- Zopiclone night sedation
- No other unplanned/unscheduled/out of hours attendances
- Mandatory access self-help/pre-treatment groups for support during on a daily basis

Substance Use

● Opiates	100%
● Benzodiazepines	3%
● Street Methadone	17%
● Cocaine	30%
● Alcohol	4%
● Amphetamine	4%

Access - average Waiting Time

- Referral to assessment ≤ 1 day
- Assessment - commencement 3days
- Referral to assessment ≤ 1 day

Duration of subutex treatment

- Average treatment duration 21 days
(Range 11-33 days)

Further analysis of Outcomes

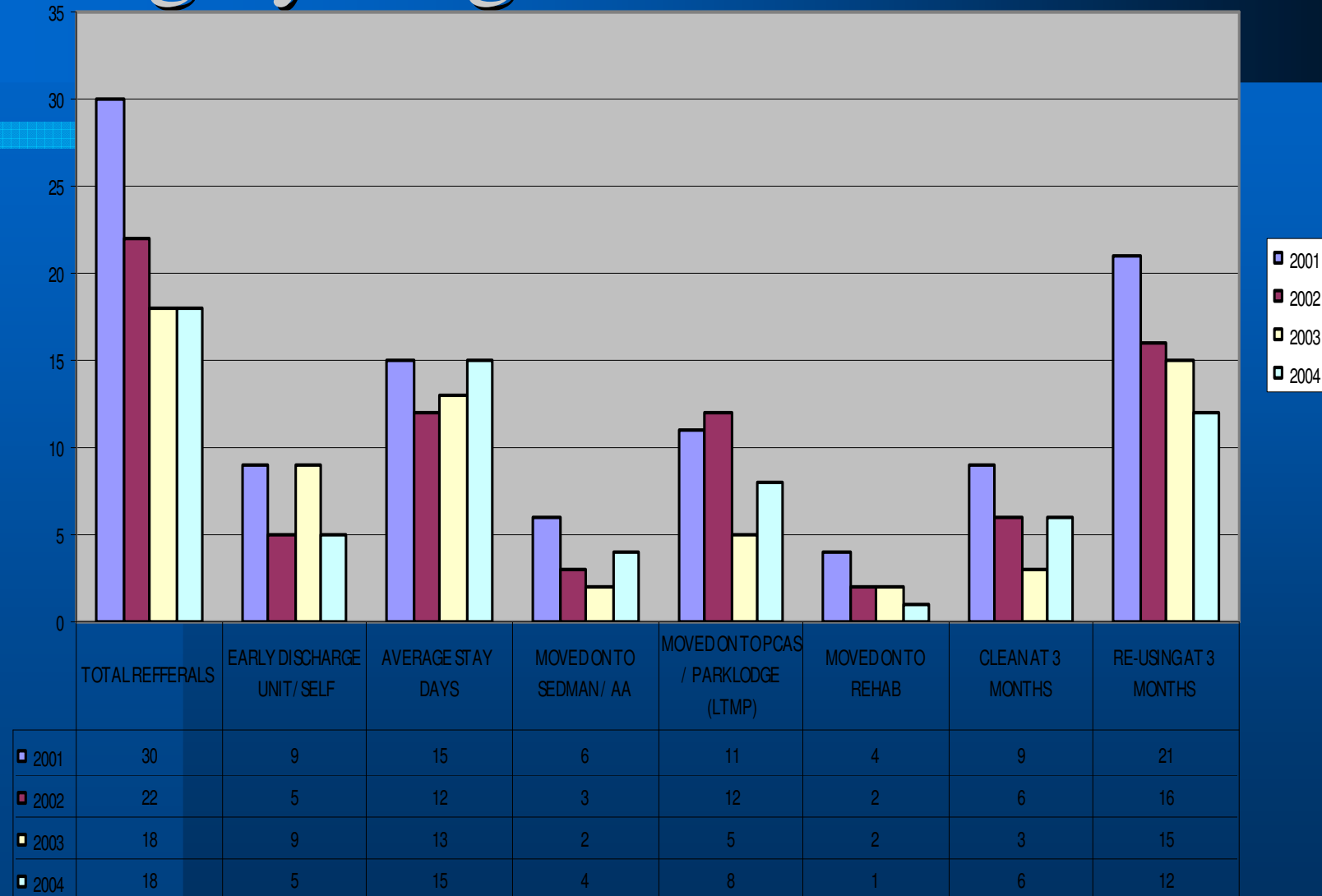
- **Total Clean after**

3/12	48%
6/12	40%
12/12	20%
- **Number Clean with rehab**

3/12	68%
6/12	50%
12/12	30%
- **Number Clean no rehab**

3/12	31%
6/12	31%
12/12	5%

Surgery Flaghead Outcomes



Flaghead vs Community costs

Average Cost to achieve 1 client clean/sober at 13 weeks @ £300/night of Flaghead stay = £27000 approx (not including rehab costs)

Average cost to achieve 1 client clean/sober at 13 weeks via community detox/rehab = £495 approx (not including rehab costs @ £3000)

Further Analysis of Costs

- Drug free client at end of detox £641 per client
- Drug free client at end 3/12 £1177 per client
- Drug free client at end of Flaghead detox £4-6000
- Drug free Flaghead client at end 3/12 £27,000

Summary & Discussion

- **Subutex is a safe short term therapy for community detox. as part of a structured plan**
- **Short term therapy is effective in achieving detox.**
- **Detox. alone is not a treatment option from the outset**
- **Without structured rehab. however, Subutex promises a less impressive return due to relapse, and it is by no means a wonder drug.**
- **To maximize cost/benefits, detox alone therefore cannot be recommended**
- **It is expensive to use particularly if it 'leaks' to the street.**
- **We have seen no additional benefit from prolonging the 'stabilisation' period.**

Summary & Discussion contd.

- **Good outcomes based on setting high quality standards and building a strong team; success has bred success.**
- **This local enhanced service to National Guidelines was designed to be offered to Bournemouth DAAT clients from the outset and has the capacity for immediate expansion whilst maintaining its primary position as the highest quality provider in the DAAT area.**