

In Lothian, Shared Care Services were developed in the 1980s and early 1990s.

The focus of prescribing was in general practice with support from specialist services, especially the Community Drug Problem Service (CDPS).

In 1989 the Primary Care Facilitator Team was formed to support primary care to become involved in HIV prevention and care: this soon expanded to include drug facilitation.

In 1995 the development of a Handbook on the Management of Drug Users in General Practice and the establishment of a scheme, 'Supporting Practices Caring for Drug Users in Lothian', provided more support for general practitioners to take part in this shared care model.

As a result more than 80% of GP practices were involved in caring for drug users during the 1990s and the majority of care for drug users continues to happen in primary care.

Problems

As in most areas, drug use mirrors social disadvantage and demand on GPs and other services is not evenly distributed.

Some GP practices reached the limit of numbers of drug users for whom they felt able to care.

CDPS developed significant waiting lists and waiting times for some areas of Lothian.

This was exacerbated by the number of patients who were suitable for care in primary care but come from practices that would not take patients back because:

- they did not prescribe
- they had reached the limit of the number of patients for whom they could prescribe
- they were concerned about lack of access to rapid troubleshooting advice should the patient become unstable again.

Service provision and access in Lothian became increasingly dependant on where the patient lived.

Locality Clinics were developed in response to local need and proved to be successful:

- in SW Edinburgh, by providing a primary care based intermediate *maintenance* prescribing service for the excess number of drug users from those practices already caring for large numbers.
- in NE and SE Edinburgh and East Lothian, by providing a service offering *assessment*, initiation of methadone, stabilisation and trouble shooting for drug users referred by their GP.
- in West Lothian, by providing a service offering both *assessment*, initiation of methadone, stabilisation and troubleshooting for all drug users referred by GPs, and *maintenance* for drug users of practices that do not prescribe.

The new GP contract was introduced in April 2004 including the National Enhanced Service (NES) for drug users. This gave practices an explicit right to opt out of caring for drug use – some did.

This increased the need for services to adapt as more than 300 drug users required a source other than their own general practitioner for their maintenance prescriptions.

Services, including Locality Clinics, had developed in response to need but these needs had often been so urgent that there had not been the opportunity to take an overview of the best way to deliver services in Lothian.

A review of the services was required, and future development planned, with a key role played by the Locality Clinics

AIMS

All drug users should have access to an integrated and easily accessible service which provides them with the necessary options for their care.

Drug users should be able to access these services regardless of the practice with which they are registered.

GP practices choosing to provide a National Enhanced Service (NES) for drug users should be supported to do so.

All GPs offering NES for drug users should have access to a service that offers their patients assessment within a month of referral and that offers rapid advice (within a week) about drug users who destabilise (troubleshooting).

This assessment and troubleshooting service could be established by extending the model of the Locality Clinic to provide an integrated local service in all areas of Lothian.

In addition, each Locality Clinic would also offer maintenance prescribing for patients of:

- practices signed up to NES who had reached the limit of numbers with which they could cope
- practices not signed up to NES

Each Locality Clinic would offer these patients services equivalent to that offered by practices in NES, including BBV protection and outcome measurements (Christo.)

Local non-statutory drug agencies should be integrated with Locality Clinics and should be appropriately resourced to provide this service.

Each Locality Clinic in Lothian should also include specialist social workers and/or social work services, and liaise with other agencies as appropriate.

CPNs from CDPS would liaise closely with Locality Clinics and be involved in triaging referrals to assessment clinics.

Locality clinics should work from common shared protocols for referral, assessment and management.

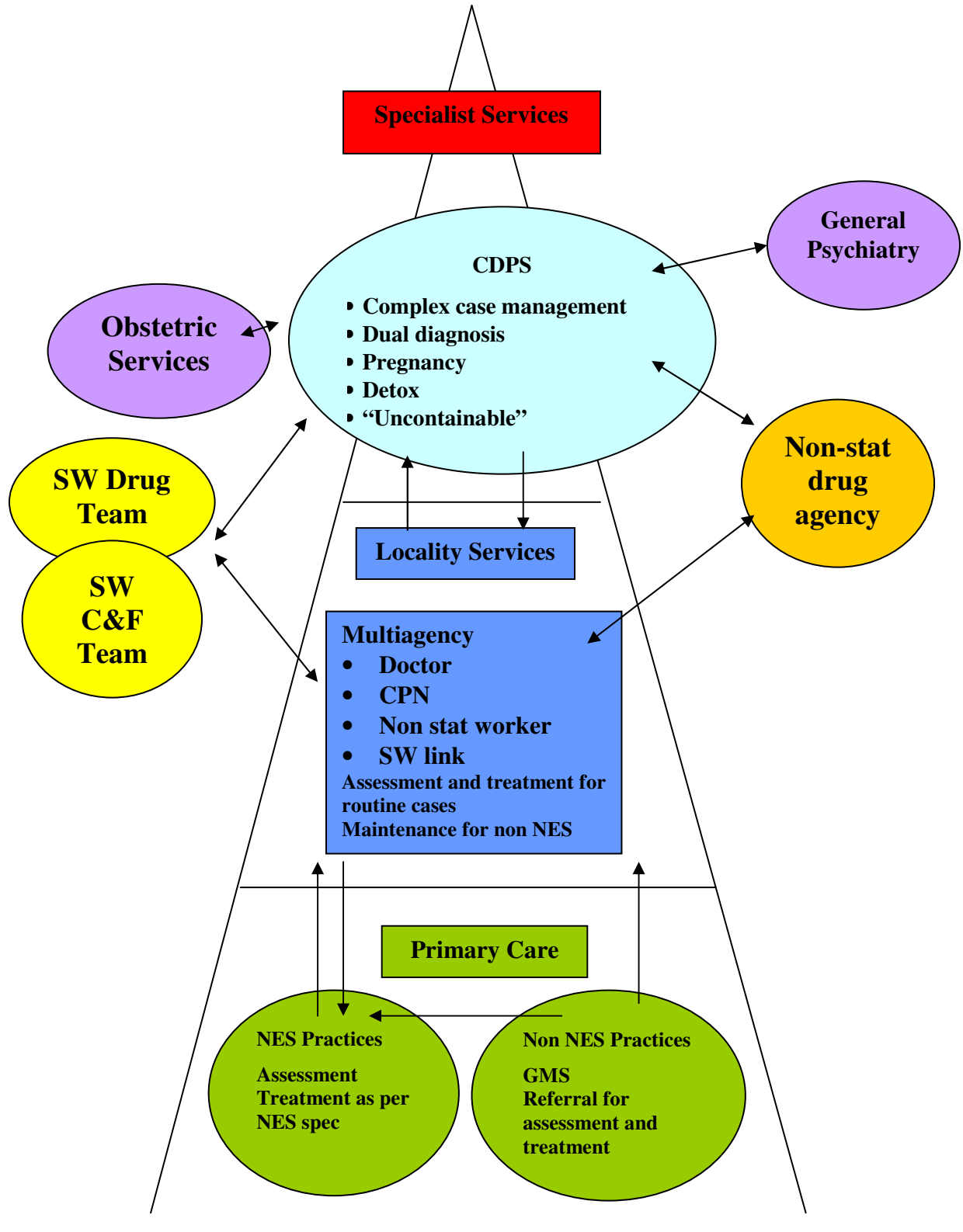
Locality Clinics would continue to be a secondary level service firmly placed in primary care and would not be part of the specialist service.

CDPS would become a tertiary service only seeing people referred by the Locality Clinic, either at triage or after assessment, because they were unsuitable for care in primary care or had complex needs e.g.

- polydrug or heavy stimulant use
- behavioral problems
- dual diagnosis
- pregnancy or child protection issues
- detox programs
- complicated prescribing
- prescribing outwith the guidelines.

The specialist service will inevitably retain a core of patients difficult to manage in primary care. This number will be far smaller than the number currently receiving maintenance prescribing at CDPS.

Lothian Shared Care Services – Ideal



EAST LOTHIAN LOCALITY DRUG CLINIC

Established in April 2002 in response to increasing CDPS waiting times and need for a locally based service.

Runs from ODP of community hospital

Current staffing:

Doctor: 2 increasing to 3 sessions per week

Non-stat drugs workers

Drugs CPN from CDPS – maintenance patients

Admin – run from non-stat service

CDPS consultations run in parallel with clinic – own caseload

Regular meetings for triage of referrals, admin and case review.

Liaison with social work department, arrest referral, DTTO service and prisons as well as GPs.

14 GP practices in the area. 12 involved in NES, caring for around 384 patients.

East Lothian Locality Clinic -Year ending March 2006

Total referrals received: 234

Of these, 149 triaged to attend the Locality Clinic
80 triaged to attend CDPS
5 triaged to attend other agencies

For those triaged to the Locality Clinic:

867 appointments offered in total -

157 initial assessment appointments

710 follow up appointments

101 (64%) attended for initial assessment

Of those attending their initial assessment:

90% attendance rate at follow-up appointments

AUDIT DATA – year ending March 2006
(Audit data collected on discharge – 83 patients)

Age:

Range 17 – 47 years

17 – 26 years 55%

26 – 35 years 30%

36 and over 14%

Gender:

male 73% female 27%

First Drug Use

74 (83%) had first used drugs at age 17 or under

Drug use at presentation

All were using at least 1 opiate:

71(86%) heroin

29 (35%) dihydrocodeine, 11 (13%) prescribed

44 (53%) methadone, 26 (31%) prescribed

Other drug use:

54 (64%) benzodiazepines

6 (7%) cocaine/crack

3 (4%) other stimulants

45 (54%) cannabis

Injecting status

21 (25%) current injectors

25 (30%) past injectors (not in the last month)

37 (45%) never injected

Assessment

Initial Clinic appointment:

In-depth interview with MELD drugs worker.

Full assessment made of drug use, motivation, psychosocial wellbeing and suitability for treatment.

Ongoing support from a MELD keyworker is offered

Advice on issues such as blood born viruses, housing, employment and childcare

Referral to other agencies as appropriate.

Urine toxicology is also carried out.

The patient then returns for a follow-up appointment when a decision about prescribing will usually be made.

The implications of prescribed medication are fully discussed, and a treatment contract signed by patient and doctor.

If methadone is prescribed, this will be dispensed by an agreed local pharmacy with daily supervised consumption until stability is achieved.

Discharge data

83 patients completed their period of attendance and were discharged from the clinic.

Majority returned to GP care. A small number transferred to TAPS (Transitional Access to Prescribing Service). TAPS patients are currently being transferred back to the Locality Clinic as a maintenance service is being established.

Prescribing on discharge:

64 (77%) on methadone (mainly maintenance)

Ave dose 67mls daily (range 20 – 160mls)

46 (55%) on diazepam

Ave dose 31mg (range 5 – 40mg)

14 (17%) on dihydrocodeine (mainly reducing)

Ave dose 233mg (range 30mg – 780mg)

Survey of Service users

Anonymous survey carried out by Clare Burrell, patient involvement worker for East Lothian. 30 questionnaires completed between February and June 2004. Some of the main responses are outlined.

Did you find it easy to get your first appointment at the Clinic?

Yes 80%, No 17%

How easy or difficult is it for you to get to the Clinic?

Very/quite difficult 37% Very/quite easy 60%

Did you feel you can openly discuss your drugs problems?

Yes 100%

When decisions are made about treatment options, do you feel that your views are taken into account?

Yes 97% No 3%

If you have been given a prescription for methadone, how easy or difficult did you find it to get from your Pharmacy?

Quite difficult 7% Quite/very easy 70%

General comments were very positive regarding the service provided. Suggestions made mainly involved improved access to the Clinic and a second Clinic site in Musselburgh