

UNITED WE STAND

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2 Basic facts

- Every individual has the potential to make a difference to the service which they are working in and are committed to.
- Teams of patient-centred individuals can truly transform the way we work

PARAPHERNALIA



How the Consultant's role will change

- Direct clinical management of the most complex cases
- Greater use of advice and consultation with the multi-disciplinary team for less complex cases
- Clinical leadership in service development

*Divided we **fall** / **fail***

- KEY RESULT AREAS
- Reduce drug taking
- Self-injecting, injecting behaviour
- Promote better engagement

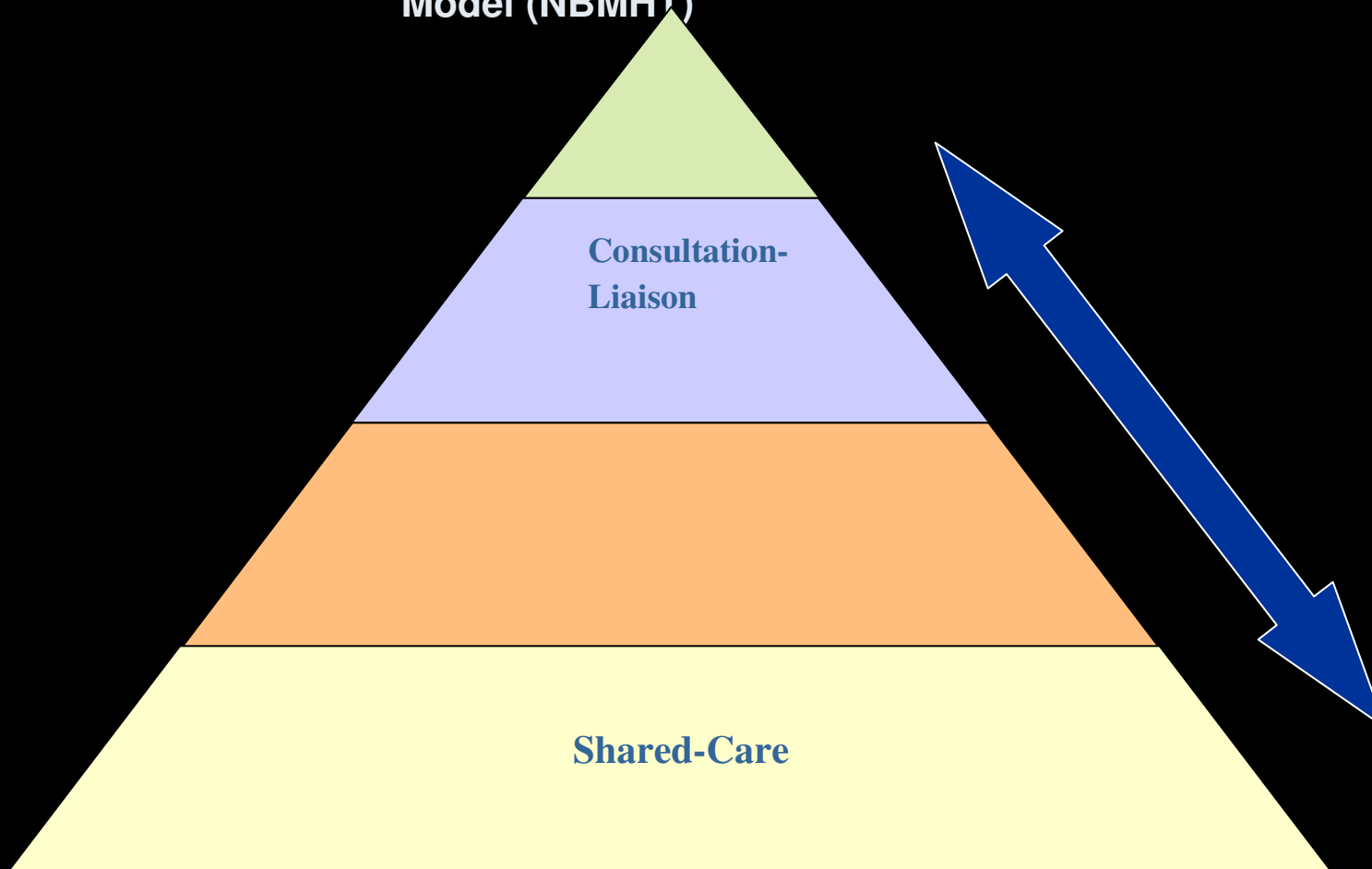
This is not new

- Addiction psychiatrists have the same problem with their colleagues in general adult psychiatry. It boils down to, doing it for the love of addictions, not necessarily as in their job description



THE WEST KENT DUAL DIAGNOSIS MODEL - components

- I. Consultation-Liaison Dual Diagnosis Service
- II. An Integrated “Shared-Care” service, based around the Compass Model (NBMHT)



BETTER WAYS OF WORKING

- To improve the quality of drug treatment within primary care by:
- To increase the range of treatment options available in primary care, notably injectable substitute prescribing
- To integrate clinical and psycho-therapeutic treatment in primary care into the care pathway to the standards of
 - Models of Care
 - Treatment Effectiveness Strategy and
 - To work to one care plan

WHAT BWW NEEDS

- a Project Team

Comprising:

- Primary care
- Mental Health
- Managed by NTA with the task of implementing BWB in pilot sites
- No real resource implications.

Picture of Black Tar Heroin



BWW Strategic 'Fit'?

Proposed New Ways of Working

- Single point of entry supported by caseload management
- Functional, not locality model
- Consultant will be available daily for consultation
- Consultant will participate in CPA reviews according to individual need
- Consultant will not carry personal caseload
- Consultant will not take on CPA care coordinator's role
- Consultant will not routinely see follow up appointments
- GP will be the consistent medical practitioner
- CPA care coordinator will be the consistent mental health practitioner
- Consultant to develop expanded roles in other capable clinical staff (e.g. nurse prescribing), deliver informal teaching and undertake leadership development
- Will not see emergencies unknown to the service (?)

Addiction training implications

- Specialism in addiction to include:
- Training in addiction psychiatry and an elective period in general practice
- Training as GPwsi and an elective period in general practice
- To de-emphasise the different specialties

The Practicalities

in the cold light of day

- BWW needs to be shared with PCT's GP's Commissioners, SHA, NIMHE, RCPsych, Capable Organisations
- Teams do not always agree and do not always function
- Where is the balance between 'how things have always been done' and this 'New Ways'?
- Teams should review together the best use of Professionals' time
- Functional teams vs tiered working - implications
- *Change needs to be project-managed*

Where the rubber meets the road (1)

Benzos (courtesy of Dr Ajayi Staff Grade)

- Benzos cross PB
- Little risk of teratogenicity
- Risk of IUGR & brain retardation
 - ?ADHD,ASD,LD
- “Floppy infant” syndrome
- Neonatal benzo withdrawal
- Share & document decision making with patients. Involve obstetricians.
- Avoid all drugs in 1st trimester & near term
- Use lowest effective dose
- Avoid poly pharmacy

Benzos: Elderly

- ↑ risk of falls 50%
- Confusional states
- Amnesia
- ↓ Sleep requirement
- Concomitant medication

Benzos : is prescribing cautious?

- multiple benzos
- longer acting benzo (except otherwise indicated)
- alternative medication or therapy
- Sleep Hygiene
- Consider short scripts
 - FP10(daily pick up)

Picture of Asian Heroin



Case examples

- S F
- Opiate dependence and pain control
- C Ck
- Prescribed benzodiazepine abuse
- emerging areas – ADHD, Asperger disorder/ASD, PTSD

BWW Priorities (Courtesy of Dr Frances Diffley GP Specialist)

- Try to increase support especially to those GPs already prescribing injectables, improve training and gather evidence
- Provide properly evaluated treatments in a cost-effective way
- Work with secondary and specialised services - get them doing the job they are paid to do

COMMON OWNERSHIP OF THE AGENDA

- Some of us are still very precious about our patients
- The Patient is Confused
- Agencies are Confused
- Confusion is not conducive to good treatment,'

THE NEED FOR A BETTER SYSTEM

- Just because 2 or more specialists are involved does not mean the outcome is the best it could be
- To work, all agencies have to own the system and
- GP's & Psychiatrists have to trust each other
- Implications of New Ways of Working

*Divided we **fall** / **fail***

- Increased substance misuse treatment capacity within primary care including:
- pregnant drug users
- dual diagnosis
- patients on injectable opioids/opiates in primary care
- adolescent substance misuse..
- Increased job satisfaction, especially in primary care, especially for link workers.

Identifying Change Champions

- Communicate Better
- Co-ordinate referrals
- Coordinate activity
- Record Outcomes
- Avoid Repeat Assessments.
- Change the culture.. Too tribal

Thank you

K·C·A

Services in
the Community