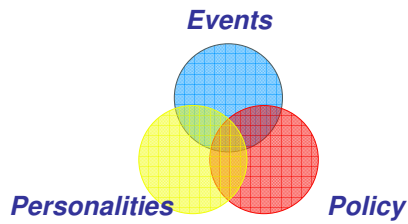


Primary Care Drug Treatment
'Making the most of what you've got'

David Ewart
GP Edinburgh
Primary Care Facilitator - Drugs

How did we get to where we are today?



Edinburgh's drug history

- **1693** – Opium arrives
- **1884** – Heroin synthesised
- **1900** – main producer of world's opiates
- Post war housing
- **1970** – rising unemployment
- **1980** - influx cheap heroin from Pakistan



The 1980s.....



Fiscal response =

1. Closing down of suppliers
2. Dealer arrests
3. Needle confiscation



Sharing/shooting galleries

The 1980s.....



1985
50% IVDU at GP
surgery HIV +ve
(~ 1000 in Lothian)

Dr Roy Robertson et al Muirhouse surgery - Edinburgh



GP Response

- Prescribing
- Patient advocacy
- Liaison with support agencies
- Local Action Groups
- Influential Local Medical Committee
- Responsive Primary Care Organisation
- Deprivation Interest Group - DIG

The 1980s.....



- *Fiscal response*
- *1985 - 50% IVDU at GP surgery HIV +ve (~ 1000 in Lothian)*
- **1986 - Community Drug Problem Service**

Dr Judy Greenwood Community Drug Problem Service



Substance Misuse Directorate

- Locality Clinic Teams
- Hype – under 19 years
- Prepare – pregnancy
- Detox and Relapse Prevention Service
- DTTO
- LEAP
- Pain and Dependence Clinic
- Primary Care Facilitator Team

The 1980s.....



- Fiscal response
- 1985 - 50% IVDU at GP surgery HIV +ve (~ 1000 in Lothian)
- 1986 - Community Drug Problem Service
- **1989 – Primary Care Facilitator Team**

Dr Judy Bury Primary Care Facilitator Team



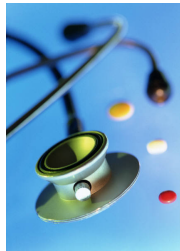
Primary Care Facilitator Team

4 Doctors - 2 Nurses – 2 Administrators

- Support Lothian's shared care model and care of people affected by problems drug use and BBVs
- Promote best practice and evidence based care
- Improve performance of treatment and care services, develop standards and increase capability and capacity in primary care and community healthcare services

Drug users and GPs

- **1985** - both groups scared, lost and unsupported
- **85 to 95** – increasing GP prescribing
- **1995** -
 - Audit
 - Training
 - Remuneration



2004 GMS Contract



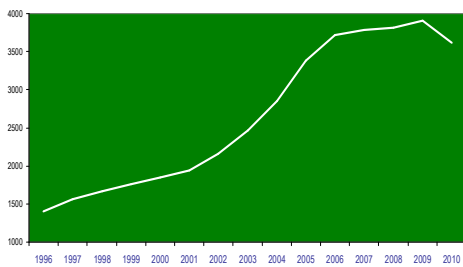
- Over **70%** GP practices caring for **2853** drug users
- Facilitator Team + LMC + Primary Care agree to implement Enhanced Service in full - **£350/year/pt.**
- Prescribing and interventions audited **6** monthly

2009/10

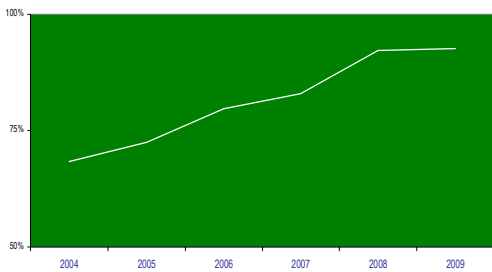
- **3932** drug users cared for in **88** out of 126 Lothian practices
- **Software** introduced for clinical encounters and reporting
- **BBV** Enhanced Service funded by Hepatitis C Action Plan

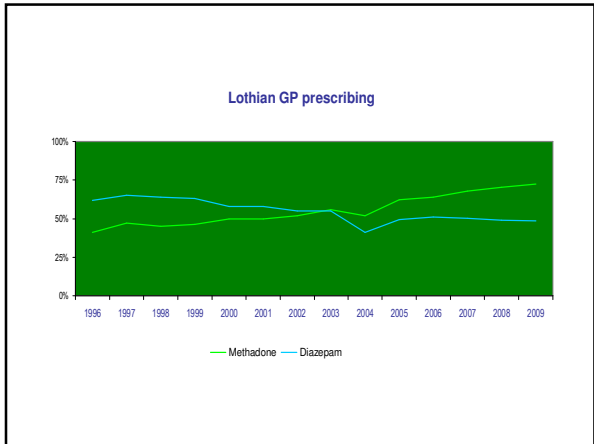


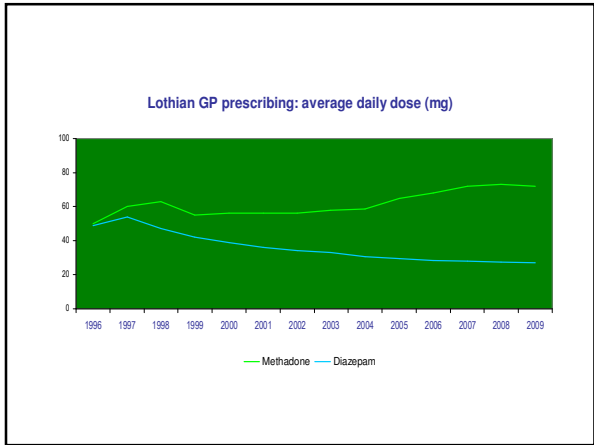
Lothian GPs: total no. patients seen

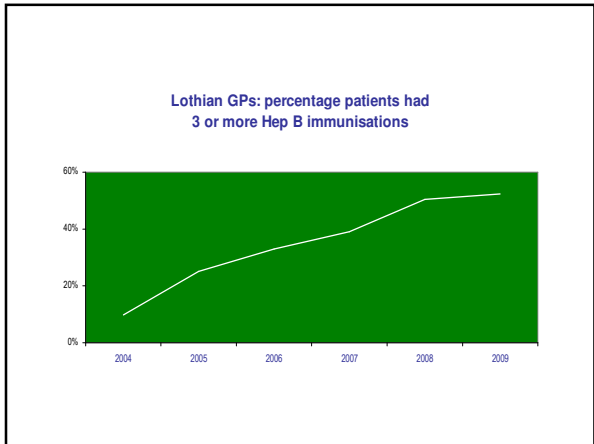


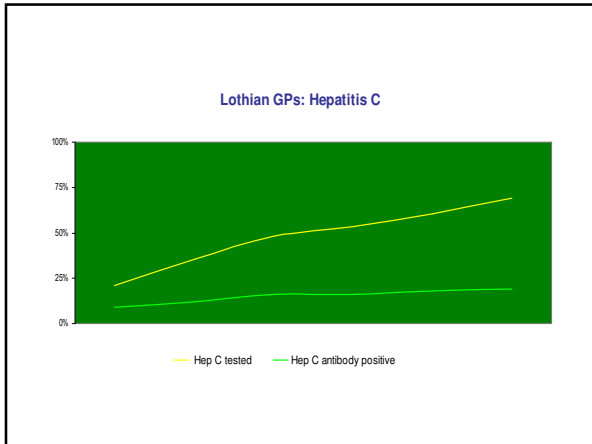
Lothian GPs: toxicology in past year











Drug Policy and the GP



- *Harm reduction*
- *Orange Guidelines*
- *Local Guidelines*
- *Training*
- *Enhanced Service GP Contract*
- *Recovery.....*

**The Lothian model
What works well -**

- *Service now embedded in general practice and along side primary care team*
- *Locally accessible and familiar*
- *Largely free from stigmatisation*
- *Fits model of chronic disease management*
- *Easy signposting/referral*
- *GP as key care and treatment provider*
- *Audit, support, training provided by PCFT*

The Lothian model
The cons -

- Lets secondary services and commissioners off the hook!
- Reduced accessibility to some specialist services provided in secondary care
- Standards of care potentially harder to implement and monitor
- GP competency and commitment inevitably variable
- Patients can miss out on key working

The future....

- Numbers treated in GP care likely to increase
- Referral in and out of specialist services needs to improve
- Continuing emphasis on Hepatitis C
- Promoting recovery



The message from Lothian?



- History is important factor in what is possible
- Strong leadership and innovation may be more important than policy
- General Practice can work as treatment provider for drug users
