

Sharing the Care Getting the Mix Right

The Roles of the Team

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- What is your experience?

The Players

- The patient
- The Drug Worker (usually the Key-Worker)
- The Pharmacist
- The GP Prescriber
- The Practice Nurse
- The GPwSI
- The Addictions Psychiatrist?

The Venue

- GP Surgery
- Hosting GP Surgery

Practice Attitude

- What do your partners think ?
- What do your practice staff think ?

The Scale

- 210 GP's covering 317 GP's
- 106 practices
- Onsite provision of drug worker in 97 practices
- 1380 Patients/Service users in shared care

The Usual Script - *in managing more stable patients*

The patient:

- Gives us permission to ask them personal questions

The Drug Worker:

- Most of the assessment and face to face contact

The Pharmacist:

- Sees the patient more often than anybody and keeps an eye on their health and welfare as well as dispensing the medication

The Prescriber:

- Takes all the credit and the blame when things go wrong?

In the Wings?

...or being sick in the toilet waiting for their big entrance...

- Nurse prescribers
- Pharmacist prescribers
- User groups

Just off stage

The Directors:

- The Drug Action Teams – Commissioning shared care

The Critics:

- The National Treatment Agency and The Healthcare Commission –Have we got it right?

The Plot Thickens

In some areas Shared Care (in the Primary Care sense) is growing to rival in numbers in treatment with other models?

- More complex cases being managed
- Pregnancy
- Dual diagnosis

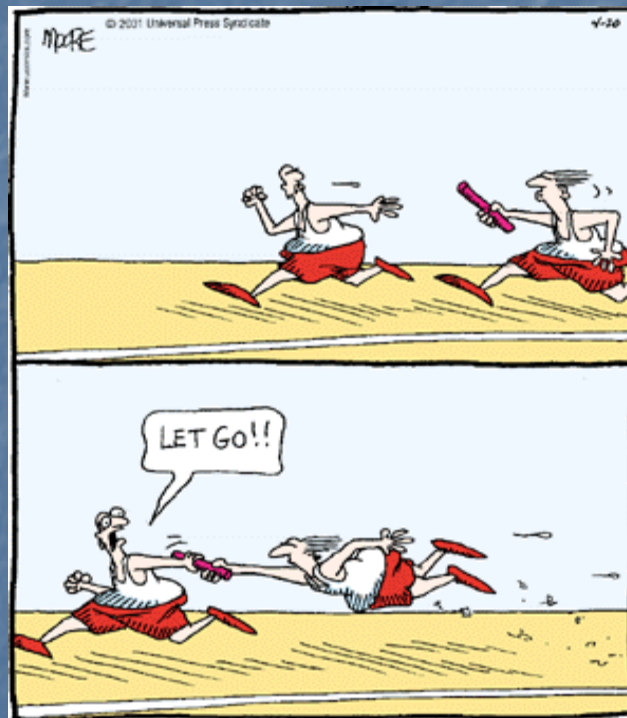
Not that this is 'chosen' by Shared Care but factors like flexibility and availability (local) mean patients choose

Integrated Shared Care?

Primary Care based Shared Care needs support:

- GPwSIs - *Semi-specialists*
- Consultant Addiction Psychiatrists
- General Psychiatrists

Putting it into Practice



Roles & Responsibilities -Surgery

- Provide a consulting room with a computer
- Reception support including booking appt's
- Central prescription handling system
- IT system- support for the Drugworker

Roles & Responsibilities

- General practitioner

- Support to the drugworker in care planning
 - *Joint agreement; frequency of contact, re engagement measures, ensuring information is shared*
- GMS to the patient
 - *inc. drug specific illnesses- Hep B & A Vaccinations, HCV screening*
- Communication
 - *Reg time with Drugworker for patient care plan reviews,*
 - *System of sending and receipt of messages, record keeping*

Roles & Responsibilities

- General practitioner

- Prescription handling
 - *Ensure repeat Rx system; ensure they are correct; given out from reception and record kept*
 - *Ensuring holiday cover is provided for*
- Patient review every 3 mths- *DoH Clinical Guidelines*
- Liaise with drugworker and pharmacist on patient progress

DSB Clinic – Tea & Sympathy?

- Assessment of need
- Assessment of risk- self, others
- Care planning - Care Coordination- *housing; E/T; Social Care & Health; rehab etc*
- Interventions delivered to 'Cycle of Change'
- 'Talk therapies'
 - *Motivational Interviewing*
 - *Solution Focussed Therapy*
 - *Cognitive Behavioural Therapy*
 - *Relapse prevention*

DSB Clinic - Drugworker

- Liaise with GP and pharmacist on treatment
- Attending case conferences- *child protection/ rehab reviews*
- Progress reports- *child protection/criminal justice*
- Home visits
- Re-engagement- *letters/ text/ phone/ liaise with prescriber – ensuring clinical safety*

Summary

- Shared Care is about communication
 - *Between drugworker; GP, pharmacist & client*
- Ensuring clinical safety
 - Script register, patient need/ risk assessment,
- 'Sharing the Care'- *In addressing drug misuse- we all have our crucial part to play in delivering treatment*