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Setting up a Shared Care Scheme

Focus on Effective Co-ordination of Shared Care

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What do we mean by 'shared care'?

❖DOH definition commonly quoted:

"The joint participation of specialists and GPs (and other agencies as appropriate) in the planned delivery of care for patients with a drug misuse problem, informed by an enhanced information exchange beyond routine discharge and referral letters. It may involve the day-to-day management by the GP of a patient's medical needs in relation to his or her drug misuse. Such arrangements would make explicit which clinician was responsible for different aspects of the patient's treatment and care. These may include prescribing substitute drugs in appropriate circumstances." *Drug Misuse and Dependence – Guidelines on Clinical Management (1999).*

❖ Partnership of primary and secondary care agencies delivering accessible services for problem drug users via patients own GP (where possible)

‘traditional’ shared care model

❖GP (generalist) prescribes to own patients with support from specialist drug worker/team

❖Client sees GP regularly re medication, support and medical health care (GMS)

❖Specialist drug worker (key worker) sees client regularly, preferably at GP practice to address identified psych-social needs, as appropriate

❖Review and monitor progress with GP and assess need for additional therapeutic input

Specialist GPs

- ❖ Some areas also employ suitably experienced GPs with special interest (GPwSI) on sessional basis, as clinical lead for PCT re training and development & to see more complex patients/ other GP practices either at a GP practice or at local CDAT/drug clinic

- ❖ Some primary care/secondary care services are led by a GP specialist as Clinical Director who also plays key role in supporting primary care/shared care services

- ❖ NB. Local provision depends on history of service development of both secondary and primary care services, funding availability etc.

- ❖ Key players/partners: DAATs, PCTs, GPs and primary care colleagues, specialist drug services, community pharmacists

Planning and Development stage

What needs to be in place before GPs start participating in the scheme?

❖SCMG

❖Designated lead preferably employed by PCT/DAAT to manage and co-ordinate scheme e.g. Primary care/shared care co-ordinator/facilitator

❖LMC consultation and support for proposed scheme

❖PCT agreement to fund as NES/LES

❖Guidelines/protocols

❖Training for GPs and primary care staff – (who provides this)

❖Commitment of specialist services to supporting shared care development and

❖Providing specialist drug worker support via specially designated staff/staff working both with primary and secondary care – adv & disadvantages)

❖May need to fund new posts

❖Be patient- it takes time. You may have to start small

Getting started!

Providing a ‘safe environment’ for patients, GPs and key workers

- ❖support from key workers to GPs and primary care staff especially receptionists
- ❖on-going training and GP peer support groups
- ❖selection of appropriate clients to match skills and competence of participating GPs
- ❖agreed maximum no of clients per GP/practice depending on GP competence, interest and PCT/DAAT funding allocation
- ❖GP contract
- ❖Defined roles and responsibilities

Shared Care Guidelines

Core content

- ❖Should be approved by SCMG (PCTs, LMC, GPs, specialist providers)
- ❖Roles and responsibilities of GPs, key workers, community pharmacists
- ❖Client group selection
- ❖Referral, selection and assessment process and monitoring and review process
- ❖Including systems for transferring back to care of specialist service if in patient's interest.
- ❖Prescribing advice – getting started etc
- ❖Outline of training and development requirements
- ❖Details of payment and audit
- ❖Outline of clinical governance arrangements

Shared Care Monitoring Groups

Tasks

- ❖Establish and review aims and objectives of scheme
- ❖Establish and review guidelines
- ❖Monitor Activity
- ❖Oversee local training development and accreditation of GPs to scheme
- ❖Review local services and plan for future service delivery
- ❖Advise DAT/ PCTs and local services
- ❖Local multi-agency decision making
- ❖Clinical Governance

Who should attend?

- PCT representative
- Prescribing GPs
- LMC rep
- DAT Commissioner/ coordinator
- Patients
- Pharmacists
- LPC rep
- Shared care workers
- PCT Pharmaceutical Adviser
- Specialist services