

The Emerging Role of the Shared Care --- Co-ordinator

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What does a shared care co-ordinator do?

- Makes sure scheme runs smoothly...
- Payments – GPs and/or pharmacists
- Co-ordinates training
- Clinical advice to GPs/pharmacists and production of local guidelines/protocols
- Liases with different parts of treatment system – PCTs, GPs, secondary services – MHTs, non-stat, DATs
- ?overall vision of shared care – bringing different visions together

Why is this important?

- So many partners – someone needs to keep it all running smoothly and communication key to making it work
- Shared care is a system – processes, pathways – needs overall view
- Multi-agency working
- Someone to pull different parts together and to assume responsibility/accountability for it happening
- Areas where shared care doesn't work quite often don't have co-ordinators.....

Changes in the drugs field

- Commitment to increase numbers in treatment year on year, and to retain in treatment – where do these people go?
- 'Tough Choices' criminal justice agenda – more assessments, rapid access to treatment
- Treatment effectiveness – GPs used to acting as gatekeepers to other services
- Care pathways and care plans
- Increasing acknowledgement of the role of primary care as safe and effective arena for provision of drug treatment

Changes in the NHS....

- Emphasis on primary care
 - Movement from secondary to primary
 - Practice based commissioning
 - Alternative providers of medical services (APMSs) and PMS +
- New pharmacy contract and public health role of pharmacists
- PCTs as commissioning bodies rather than providers of services
- Performance management of commissioned services

...and how co-ordination fits into this 1

- Performance management of scheme
 - Audit
 - (Prescribing) practice that could be improved – info from PALS, secondary services, GPs
- Clinical governance arrangements
 - Shared care monitoring group
 - Supervision – peer supervision, GPwSI supporting generalist GPs, neighbouring boroughs GPwSIs supporting each other
 - Training

...and 2

- Commissioning services in line with local need – LES/NES for GPs, enhanced services for pharmacists
 - Service specifications
 - Training requirements
 - Outcome measures
- Information needs
 - NDTMS information
 - HCC reviews

Practice based commissioning

- Practices/clusters of practices able to control how money is spent in local community, according to local need
- Incentive for GPs to provide treatment in primary rather than secondary care
- Able to commission other services e.g. shared care workers attached to practices – either SLAs with other services or directly employ

New treatment service options ...

- PCB being negotiated - Lincoln 15 practice based cluster
- Potential for areas where
 - Already exists strong local GP with necessary expertise
 - No services or poor services
 - Probably not priority for most practices at the moment but may do in years ahead
- Rural areas may decide to pull out altogether
- Where should workers be based?
Specialist services? PCTs? GP commissioning clusters?

Looking forwards..

- Alcohol
- Stimulants – crack guidance
- Other non-opiate drugs
- Tiering of services – level 1 (LES), level 2 (NES), level 3 (GPwSI) hub and spoke models, level 4 (GP specialist leading)
- Increasingly primary care options as way of meeting need for more treatment slots – systems becoming more complex need good co-ordination...