

# **Telford & Wrekin Primary Care Trust**

## **Shared Care for Drug Misusers in General Practice**

### **Underperformance Issues**

#### **Background**

The introduction of shared-care arrangements for drug misusers in Telford & Wrekin has been accompanied by a set of clinical governance standards which have been approved by the Shared Care Monitoring Group (SCMG). These do not address what the responsibilities of the PCT should be when practices consistently fail to meet these standards. The PCT will need to have procedures both for:

- Practices formally involved in shared-care
- Practices or GPs not involved in shared-care but who may on occasions prescribe substitute medication

The issue is important as underperformance in this area has the potential to put at risk not just practices and their patients but also the general public.

The management of underperformance in any area of general practice comes within the PCT's clinical governance arrangements. Underperformance is defined by the General Medical Council (GMC) as 'repeated or persistent failure to comply with the professional standards appropriate to the work done by a doctor.' Individual complaints, whilst also part of clinical governance, are handled separately and would not normally constitute underperformance unless the complaints were serious, repeated and formed a pattern.

Within the PCT's structure, it is proposed there should be an 'underperformance decision making group', comprising initially the PEC Clinical Governance lead (Dr Lindsay Ward) and the Primary Care Medical Adviser (Dr Anthony Rathbone). It would be the remit of this group to make an assessment of the issue(s) giving rise to any possible case of underperformance. This group would then decide on the appropriate course of action. This would range from:

- a low level visit
- education and training
- practice support
- referral to the county-wide Shropshire GP Underperformance Review Panel
- suspension and referral to the GMC

## Suspected underperformance in the care of drug misusers

The management of drug misuse is rather more complicated than most of general practice as it potentially involves a wide number of people and agencies:

- Community pharmacists
- Community substance misuse team (CSMT)
- Medical specialists
- Shared Care Monitoring Group (as part of the PCT/DAT structure)

Also possibly:

- Police
- Home Office
- Prescription Pricing Authority (PPA)
- National Drug Misuse Database
- Drug Prevention Advisory Service (DPAS)
- National Treatment Agency (NTA)

Concerns about a GP or practice's management in this area may come from a number of sources, including:

- Patients and relatives
- Public
- Police
- Other professionals
- PCT
- the Shared Care Monitoring Group itself

Examples of underperformance might include:

- prescribing inappropriately large quantities of methadone on a single script. If this is dispensed and taken home, without adequate safeguards, then there is a significant risk of either over-dosage or the drug being sold on.
- failure to refer or seek specialist advice when appropriate
- failure to attend to the wider health needs of drug misusers eg hepatitis B immunisation

Individual complaints should be managed through the usual channels. The following only applies to possible underperformance as defined above.

- (i) Where the concerns relate to **a practice formally involved in shared care**, it is suggested they should initially be brought to the SCMG.

Members of the SCMG will need to understand that strict confidentiality will apply.

The SCMG will then assess the care given against the:

- Contract held between the PCT and the practice for shared-care
- T&W SCMG clinical governance standards
- GMC booklet 'Good Medical Practice'
- DoH 'Guidelines on Clinical Management' (Orange Book)

If the SCMG believes there is a cause for concern, then it should:

- Inform the PCT 'underperformance decision making group'
- Draw up, implement and monitor a remedial plan (if appropriate)
- Keep the PCT informed on progress

The PCT will need to consider whether the practice should continue to receive payment for shared-care or whether the practice should withdraw temporarily from the scheme.

- (ii) Where the concerns relate to **a practice or GP not formally involved in shared-care**, then they should be brought directly to the 'decision making group' which will be responsible for any further action. The 'decision making group' may however wish to seek the advice of the SCMG on appropriate action. In such cases it would not be necessary for the SCMG to know the name of the doctor or practice concerned.

### **General Comment**

These underperformance procedures should be considered as part of the clinical governance arrangements for shared care. Wherever possible the whole group should consider the wider issues raised by individual cases and treat them as material from which lessons might be learned and the general quality of care across the PCT be improved.

### **Next Stages**

This paper was discussed and agreed by the Telford & Wrekin Shared Care Monitoring Group on 3 July 2002. The Chair of the Telford & Wrekin PEC has agreed that it should be carried forward and incorporated into the PCT's clinical governance arrangements.

A copy will be sent to the Shropshire SCMG as a model it might wish to adopt. The benefits of this would be county-wide arrangements that complemented the underperformance procedures being developed by both PCTs.

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