

addaction

**Addaction Southern Derbyshire
County Service**

Shared Care GP Satisfaction Survey March 2007

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Introduction

The Addaction Southern Derbyshire County Service shared care scheme has now been running for over a year. In that time **11** GP practices have been recruited into the scheme and **79** clients have been prescribed in shared care.

This seemed to be an appropriate point to try and gauge the satisfaction of the practitioners involved in shared care. Equally, we hoped this exercise would indicate the strengths of the scheme from the practitioners' perspective and outline their current concerns and areas for further development.

The questionnaire that we devised to conduct this exercise was developed in consultation with Kate Halliday, Primary Care Adviser at Substance Misuse Management in General Practice, and Catherine Swift, Primary Care Substance Misuse Commissioning Officer at Derbyshire DAAT. We gratefully acknowledge their invaluable assistance and support.

The questionnaires were sent to 18 practitioners, 17 GPs and 1 prescribing nurse, who belonged to the shared care practices in Southern Derbyshire and who had completed the RCGP training part 1.

An example of the questionnaire is attached as appendix 1.

Response

No. of questionnaires sent out: **18**

No. of questionnaires returned: **16** (1 form returned blank)

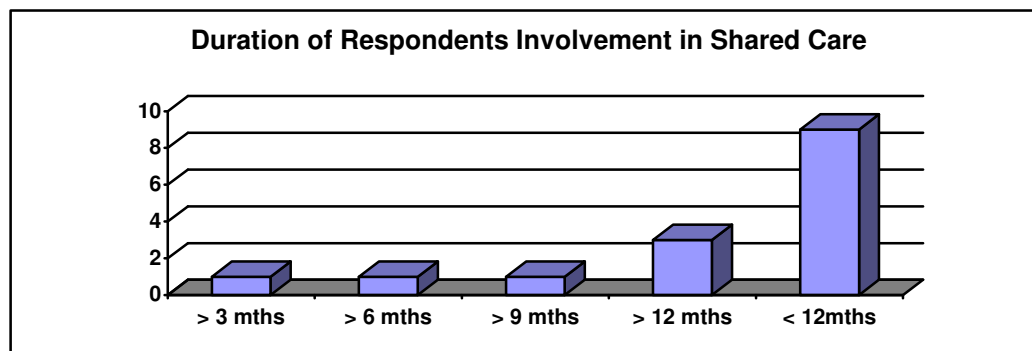
No. of useable questionnaires: **15**

Response rate: **83%**

Results

Of the 15 practitioners who responded:

1 had been involved less than 3 months; 1 less than 6 months; 1 less than 9 months; 3 less than 12 months; 9 more than 12 months (see table below).



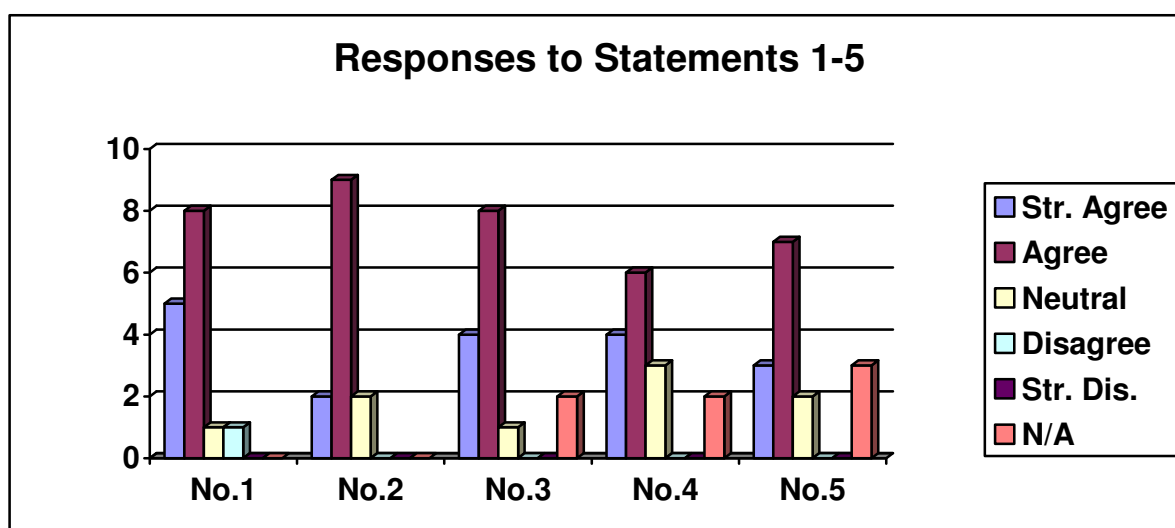
Hence the majority of respondents were experienced shared care practitioners who had been prescribing within the scheme for 6 months or longer. This period of involvement would give the practitioners a reasonable exposure to the scheme, the shared care patients and the shared care workers and enable them to identify the positive aspects and the areas for improvement.

The respondents had varying numbers of shared care patients, ranging from 0 to 25. The average number of shared care patients per practitioner in this sample was 5.

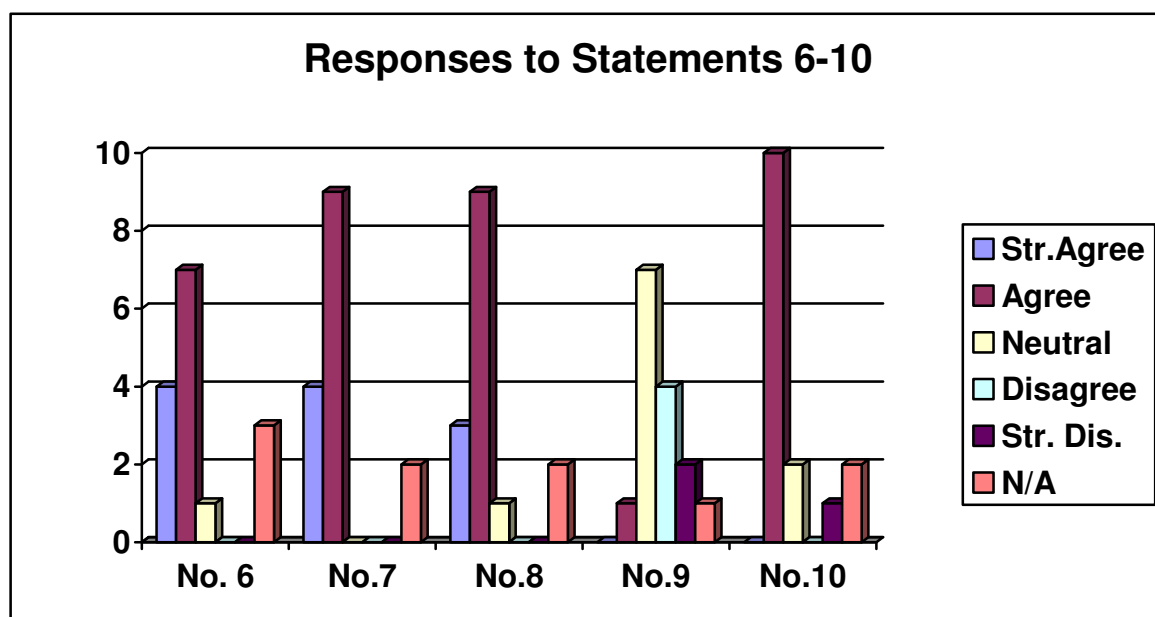
Part of the questionnaire contained 14 statements relating to the shared care scheme, the practitioners' experience of it and how it impacted on their practice. They were asked to indicate their response to each statement by ticking boxes labelled Strongly Agree; Agree; Neutral; Disagree; Strongly Disagree; Not Applicable.

The tables below chart the distribution of the responses to these statements. Above each table are the questionnaire statements which relate to that particular table.

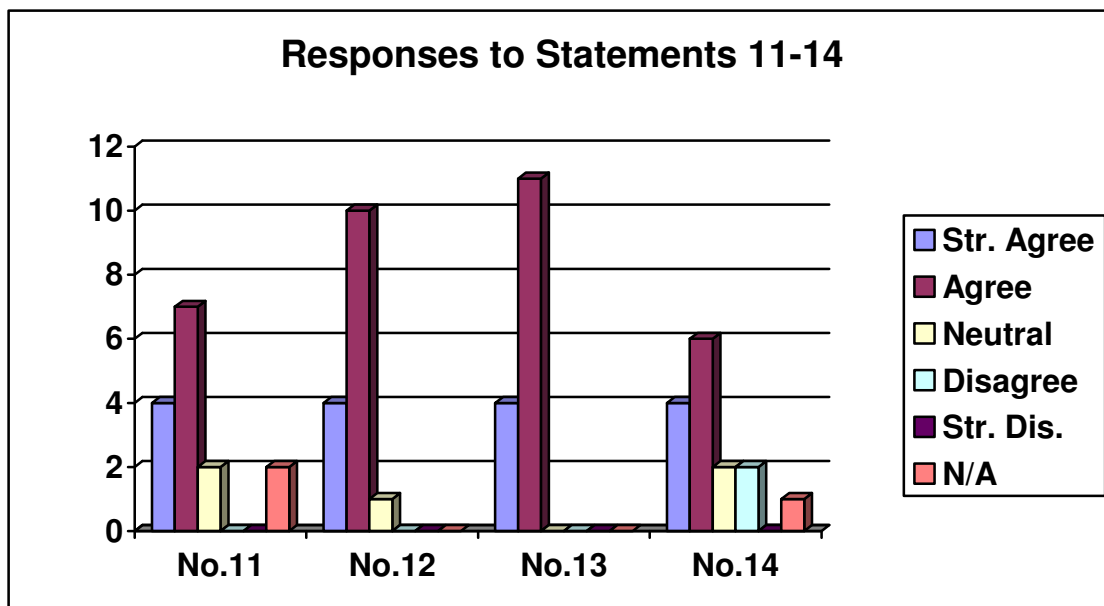
1. I received enough information on shared care prior to my involvement.
2. The RCGP part 1 training was satisfactory preparation for the shared care scheme.
3. The level of information I receive regarding new shared care patients is satisfactory.
4. The information I receive regarding shared care patients is clearly presented.
5. The information I receive regarding shared care patients is helpful in my treatment of the patient



6. The Addaction worker is available to answer any questions or concerns I may have.
7. The shared care worker has been able to provide me/ my practice staff with the advice and support required
8. The level of support I receive from the shared care workers is satisfactory
9. I regularly refer to the shared care GP information pack
10. I find the shared care GP information pack helpful



11. I am able to allocate sufficient time to my shared care patients
12. The practice's perception of working with drug users has become more positive
13. The shared care scheme provides a valuable service to my patients.
14. The shared care patients have not created any management problems within the practice.



Overview of responses to statements:

- Overall the responses are positive, indicating that there is a general level of satisfaction with the shared care scheme amongst the participating GPs and practitioners. Particularly encouraging are the responses which show overwhelmingly that practices are more positive in their perception of drug users.
- Also noteworthy is a strong indication that in the majority of practices, shared care patients do not normally create management problems.
- The N/A responses largely come from GPs new to the schemes that have not had any clients yet and presumably do not feel a particular statement currently has any direct relevance to them.
- The disagree/ strongly disagree responses to statement 9 come from the most experienced practitioners who presumably do not feel the need to refer to the info pack.
- There was only one disagree response to statement 1 which indicates that the majority of GPs received sufficient information prior to their involvement in the shared care scheme.
- The two disagree responses which are concerning are from statement 14. One practitioner identified issues around non attendance of patients at appointments; patients rebooking with other partners after not

attending appointment with shared care GP. This respondent also identified difficulties they have had in contacting anyone for advice/support. The other disagree respondent said “If we have more than one client in the surgery at a time this can disrupt the waiting room a little.” The questionnaire then asked the respondents what in their view was the best thing about shared care.

Of the 15 completed returns, 13 respondents recorded their thoughts on the positive aspects of the shared care scheme.

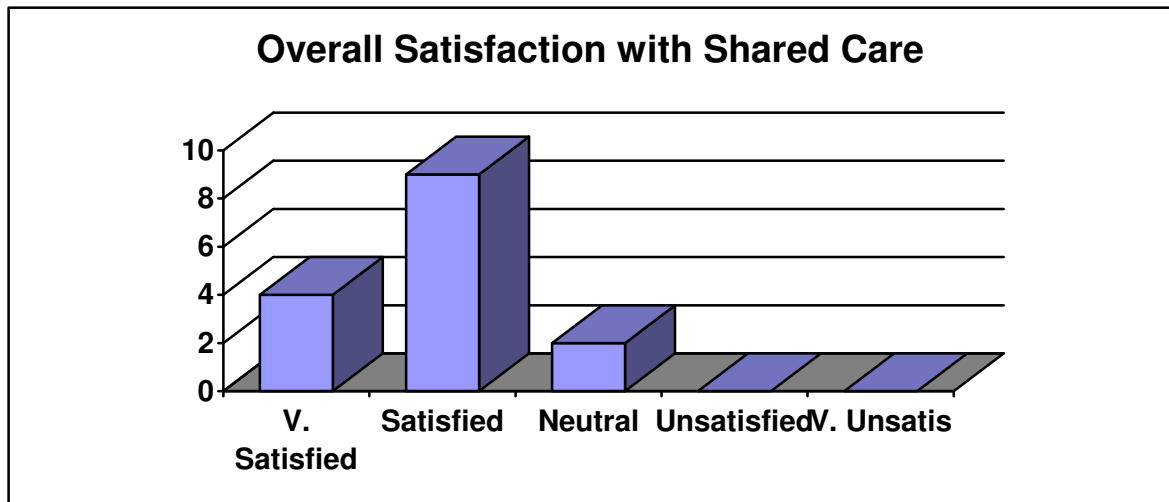
- “Does improve the doctor-patient relationship”
- “Allows patients on substitute prescribing to feel they are being treated equally to other patients – normalisation”
- “Stable patients prefer it”
- “Bringing patients back into general practice so other health issues can be dealt with. Hopefully helping create space in addaction for new patients”
- “Improving access for care to patients”
- “Ability to treat these patients as we would any other, and to have the ongoing contact with the specialist agencies”
- “Patients find it helpful”
- “It enables the patients to have a more manageable life and even hold down jobs, rather than the chaos created by having to get their drugs off the street”
- “Normalisation of client’s experience and moving them away in time and place from other clients at an earlier stage in their journey from chaos to order”
- “Service to patients within general practice”
- “Returns stable clients to a more normal regime”
- “The patients reaction to having their treatment normalised”
- “£”

The questionnaire next asked the respondent what in their view was the worst thing about shared care

Of the 15 completed returns, 12 respondents recorded their thoughts on the negative aspects of the shared care scheme.

- “Need to maintain independent set of records in parallel with our own clinical records. Management plan would be better incorporated into our own records”
- “Personally – no experience; generally – training was poor – I believe now improved”
- “I don’t think there is anything bad, once the patients have grasped the rules I think it works v. well”
- “Fear that they will steal something while my back is turned but we accept this and try to avoid any temptation”
- “Follow – up reviews seem somewhat ad hoc”
- “Having to try and create more appointments!”
- “Making sure patients get appointments before script expires”
- “Handwriting of methadone scripts”
- “When there is a problem not been sure that there is someone immediately contactable to discuss”
- “If things go wrong patient care is disrupted”
- “The necessity for hand written scripts is an administrative burden”
- “Seeing those who have no purpose in life, are a total drain on the system and would be better off with a small lead injection”

The respondents were then asked how satisfied overall they were with the scheme.



When asked if they would feel confident in recommending involvement in the shared care scheme to other GPs, 100% of respondents answered in the affirmative.

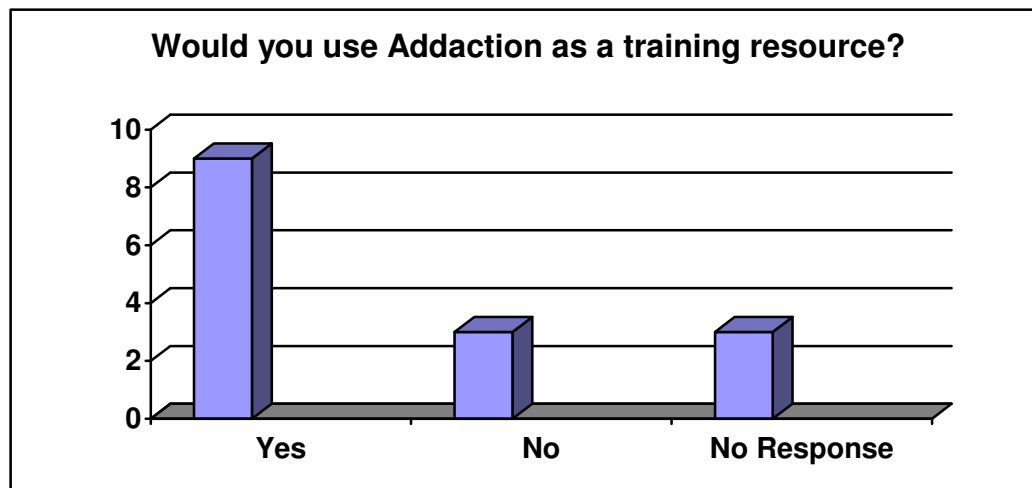
Respondents were next asked to record any other comments or observations about the shared care scheme.

“Very rewarding to me”

“No stamped addressed envelope provided!”

When asked if they would take on more shared care scheme patients, 14 respondents answered in the affirmative, 1 respondent left it blank.

The questionnaire then asked if the respondents would use Addaction as a training resource.



Finally, the respondents were asked to make any comments on areas of development or training in their practice that Addaction could contribute to

Of the 15 completed questionnaires, 6 respondents made comments in this section:

- “Continuing drug misuse learning and development for myself”
- “What does a training resource actually mean in practice?”
- “There may be several areas but at present we have so many staff training issues it would be a low priority”
- “Staff training generally. Non clinical staff training”
- “General education re- Hep training and MMT”
- “None at present”

Discussion

Overall, the indications from this survey are that participants in the shared care scheme have high level of satisfaction with the scheme. This is illustrated by the unequivocally positive response to statement 13 in the questionnaire which explored whether participants felt the shared care scheme provided a valuable service to their patients.

The responses to the 14 statements suggest that, first of all, the support structures around the scheme, from the RCGP training before joining the scheme through to the information and support from Addaction when the practitioner is actually within the scheme, are quite robust and meet the requirements of most of the participants. The indications from the responses are that the supporting information that comes with a client being prescribed under shared care is clear, well presented and helpful in the GPs' treatment of the patient.

Similarly, the respondents largely expressed satisfaction with the amount and quality of the support from the Addaction workers. However, one respondent noted that they had found it difficult to contact anyone for advice when they needed to discuss a problem. When a GP starts in the shared care scheme one of the pieces of induction information they are given is a contact sheet with contact details of the shared care workers. In addition they are given contact details of the other GPs in the scheme willing to act as mentors and advisers, and the times when they are available to be contacted. In the instance referred to above, this safety net clearly did not meet the needs of this GP at the point of need and will be reviewed to ensure that it operates at maximum efficiency.

There seems to be some conflicting responses to statements 9 and 10. Only one respondent agreed that they regularly refer to the GP information pack, the rest of the respondents either felt neutral, disagreed, strongly disagreed or felt it was not applicable to them. On the other hand, 10 respondents agreed that they found the GP information pack helpful, 2 were neutral, 1 strongly

disagreed and 2 felt it was not applicable to them. The cause of these seemingly conflicting responses may lie in respondents confusing the information given at the RCGP training with the client information given at referral into shared care.

However, there is no confusion and little equivocation around the responses to statements 12 and 13. Overwhelmingly, respondents felt their practices had become more positive about working with drug users, with only one respondent taking a neutral stance. Even more positive was the 100% positive view of the value of the shared care scheme to the GPs' patients.

Whilst the responses to statement 14 are mixed, the majority of respondents report that shared care patients have not created any problems within the practice. This runs contrary to the common perception amongst primary health care professionals that drug using patients are likely to be disruptive. In fact, this is one of the major obstacles we encounter when meeting with practices to promote shared care and recruit practices to the scheme. Despite assurances from the shared care team that the patients we refer into shared care prescribing are stable and will engage positively, the majority of practitioners we have approached remain sceptical.

Of the two respondents who disagreed with statement 14, one was concerned about the disruptive impact of more than one client in the waiting room at a time. This issue could arguably be addressed by more judicious management of appointments for shared care patients.

The other respondent identified issues around non attendance of appointments and rebooking with other partners. As part of the vetting and selection process before being admitted into shared care prescribing, clients are vetted according to their compliance with the treatment regime and their attendance record for appointments. A rigorous vetting and assessment process, with clear criteria for eligibility, is essential to the successful operation of the shared care scheme in that it will ensure that the patients referred into the scheme will positively engage with the primary health care

team. However, in this particular instance, this process did not operate effectively.

The ultimate sanction available to shared care practitioners, which is embodied in the prescribing contract that clients sign before entering shared care, is a referral back into specialist treatment services. If the non attendance issue or indeed any other behaviour becomes disruptive within the practice, the GP can simply refer the patient back to Addaction. This has happened on only three occasions since the beginning of the shared care scheme.

A recurring theme in the comments on the best thing about shared care was the normalisation process which takes place in shared care. The drug treatment becomes just another part of the patient's general medical care, and the satisfaction of the practitioner in being able to treat the patient as a whole and not compartmentalising the drug treatment is apparent. A clear consequence of this process is the improvement in the doctor/patient relationship as noted by one of the respondents. The anecdotal feedback the shared care team get from clients strongly endorses this aspect of shared care. The clients' perspective on their experience of shared care will be explored by conducting a similar satisfaction survey in April 2007.

Another common theme in the anecdotal feedback we get from clients is reflected in one respondent's comment that a positive aspect of shared care is ".....moving them away in time and place from other clients at an earlier stage in their journey from chaos to order" The relief and sense of release that clients experience in not having to sit in a busy prescribing clinic waiting area listening to other clients talk about drugs cannot be overemphasised. It creates a real sense of personal progress for a client.

The negative comments on shared care are varied although a recurring theme seems to revolve around administrative issues. The handwriting of methadone scripts is highlighted by two of the respondents, while management of appointments is identified by another two respondents.

Some practices are able to generate methadone prescriptions from their database systems whilst others are not. The shared care team has devised a methadone prescription template which can be run on Microsoft Word which should ease the administrative and time burden caused by handwriting methadone scripts. This will be trialled at one of the shared care practices, and if proved effective, will be available for other practices to use.

Another respondent indicated their dissatisfaction at the “need to maintain independent set of records in parallel with our own clinical records” Some practices have signalled their willingness and discussions are under way to allow the shared care team access to the practice computer records which will enable us to enter shared care events directly onto the practice clinical records, thereby negating the need to maintain two sets of records.

The scepticism and anxiety surrounding working with patients with a history of drug misuse are common feelings within primary health care, which is illustrated by one respondent admitting to “fear that they will steal something while my back is turned”.

Whilst a degree of scepticism is inevitable, and sometimes even healthy when working in this field, when this descends into cynicism it is disappointing and breeds an unhelpful and occasionally dangerous approach to practice. It was with a feeling of some surprise and disappointment that the shared care team read the comment of one respondent who said that the worst thing about shared care was “Seeing those who have no purpose in life, are a total drain on the system and would be better off with a small lead injection” The same respondent, perhaps not surprisingly, commented “£” when recording what they thought was the best thing about shared care. A perplexing aspect of this practitioner’s responses is that in all other respects they displayed a uniformly positive perception of shared care.

Fortunately this respondent is an isolated individual and not representative of the practitioners in the shared care scheme who overwhelmingly display care, understanding, and commitment to their shared care patients.

The final section of the questionnaire explored the respondents' view of Addaction as a training resource. The response was encouraging from an Addaction point of view with 9 respondents saying they would use the agency as a training resource; 2 saying they wouldn't; and 2 leaving this part blank. The role that the shared care team could play in delivering formal and structured training packages to shared care practices has not been actively pursued during this first year of setting up the scheme, but it is one which the team will develop during this coming year.

In conclusion, the indications from this survey are that the practitioners involved have a high level of satisfaction with the shared care scheme. These indications are reinforced by all the respondents saying that they would recommend involvement in the scheme to other GPs. This kind of peer endorsement is of immense importance in overcoming the scepticism discussed earlier in this report, and thereby facilitating the necessary expansion of the shared care scheme.

Appendix 1

Addaction Shared Care

GP Satisfaction Questionnaire

We would like to know if you are satisfied with the shared care scheme and your experience of it since becoming involved. Please help us to do this by completing this questionnaire.

This questionnaire is confidential and will not be seen by anyone outside of Addaction.

1. How long have you been involved in the shared care scheme?

Less than 3 months	<input type="checkbox"/>	less than 6 months	<input type="checkbox"/>
Less than 9 months	<input type="checkbox"/>	less than 12 months	<input type="checkbox"/>
More than 12 months	<input type="checkbox"/>		

2. How many patients do you see for shared care prescribing?

How much do you agree with the following statements? Please tick the appropriate box.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I received enough information on shared care prior to my involvement.						
2. The RCGP part 1 training was satisfactory preparation for the shared care scheme						
3. The level of information I receive regarding new shared care patients is satisfactory.						
4. The information I receive regarding shared care patients is clearly presented.						
5. The information I receive regarding shared care patients is helpful in my treatment of the patient						
6. The Addaction worker is available to answer any questions or concerns I may have.						

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
7. The shared care worker has been able to provide me/ my practice staff with the advice and support required						
8. The level of support I receive from the shared care workers is satisfactory						
9. I regularly refer to the shared care GP information pack						
10. I find the shared care GP information pack helpful						
11. I am able to allocate sufficient time to my shared care patients						
12. The practice's perception of working with drug users has become more positive						
13. The shared care scheme provides a valuable service to my patients						
14. The shared care patients have not created any management problems within the practice.						

If you do not agree with any of the above statements, please comment here

3. Can you describe briefly what you think is the best thing about the shared care scheme?

16. Can you describe briefly what you think is the worst thing about the shared care scheme?

17. Overall, how satisfied are you with the shared care scheme?

Very satisfied Satisfied Neutral Unsatisfied Very unsatisfied

18. Would you feel confident recommending involvement in the shared care scheme to other GPs?

Yes No

19. If you answered no to the previous question, would you say why in the box below.

20. Please use the box below to make any other comments or observations about the shared care scheme.

10. I would like to take on more patients under the shared care scheme

Yes

No

14. I would like to use Addaction as a training resource for my practice

Yes

No

Please list the areas of development or training that Addaction could contribute to

Thank you for your time and your cooperation.

Appendix 2

Dear Dr

The shared care scheme has been running for well over a year. In order for us to evaluate the scheme, build on the positive aspects and address any areas where shared care may not be working well, it is essential that we get the views and experience of the participants in the scheme.

As a GP who is involved in the delivery of shared care, we would like to know what your view of the shared care scheme is and how shared care has impacted on your practice.

We would be grateful if you would complete the attached questionnaire and return it in the stamped addressed envelope provided by Friday 16th March. The questionnaire should take no more than 10 minutes to complete and will help us develop and improve our service to you and your patients.

Thank you for your assistance in this matter.

Yours sincerely

Jake Gordon
Shared Care Link Worker