General Practice Based Shared Care Drug Misuse Treatment and Recovery Service Specification

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1 INTRODUCTION

1.1 This Service Specification is part of and should be read in conjunction with the Public Health Services Contract, which provides a common framework for commissioning services from GP practices.

1.2 North Yorkshire Public Health Team commissions drug misuse treatment and recovery services across the North Yorkshire County Council footprint. Commissioning arrangements include the North Yorkshire Horizons Service (referred to hereafter as 'NYH'), general practice based services, and pharmacy based services.

1.3 The overarching ambition is for commissioned services to provide individuals with the best chance of achieving and maintaining recovery from drug use and/ or alcohol dependence. This includes abstinence. Harm reduction plays a central role in delivering this vision.

1.4 This service specification describes the general practice based shared care drug misuse treatment and recovery service, which is delivered by contracted practices with support from NYH.

2 EVIDENCE BASE/ BACKGROUND

2.1 Drug misuse and the related complications pervade every part of society, regardless of social class. People misuse drugs across the whole country (HM Government, 2008), and the whole county of North Yorkshire (National Drug Treatment Monitoring System)

2.2 There is a strong evidence base to demonstrate that drug misuse causes and is associated with a wide range of harms, including early mortality and preventable morbidity (HM Government, 2008).

2.3 The effectiveness of well-delivered, evidence based treatment for drug misuse is well established. UK and international evidence consistently show that drug treatment, covering different types of drug problems, using different types of interventions, and in different settings, impact positively on drug use, offending, overdose risk, and the spread of blood borne viruses. The National Treatment Outcomes Research Study showed that for a significant proportion of those entering drug treatment (between ¼ and 1/3), drug treatment resulted in long-term sustained abstinence (Department of Health, 2007).
There is only one epidemiological study (often referred to as the 'Glasgow prevalence estimates', Hay et al.) which was commissioned to predict prevalence of drug misuse in England that provides individual Local Authority level prevalence estimates. Findings from the most recently published study

(2010/11) show that the possible number of opiate and/ or crack misusers in North Yorkshire is 1,803, but the actual figure may lie ***between 1,693 and 1,991*** *(95% confidence intervals),* and the rate per 1,000 population is predicted to be between ***4.44 –5.22*** (95% confidence interval).

2.4 The 2010 Drug Strategy (HM Government, 2010) marked a shift in national drugs policy. A fundamental difference between this strategy and those that have gone before is "*that instead of focusing primarily on reducing the harms caused by drug misuse, our approach will be to go much further and offer every support for people to choose recovery as an achievable way out of Dependency".* An updated Drugs Strategy is due to be published imminently.

2.5 Professor John Strang was subsequently appointed to lead the development of a suite of evidence reviews and best practice guidelines in conjunction with the Recovery Orientated Drug Treatment Expert Group.

2.6 The 2012 Medications in Recovery (Public Health England, 2013) report suggests that recovery is not an end state (e.g. abstinence), but rather a journey of improvements. The report concludes that there remains an important role for opioid substitution treatment (OST) within this. However, the report also highlights the importance of having a balanced and ambitious system that encourages patients to consider a full range of options, including detoxification, stabilisation and reduction.

2.7 Recovery is a broader and more complex journey that incorporates overcoming dependence, reducing risk-taking behaviour and offending, improving health, functioning as a productive member of society and becoming personally fulfilled. These recovery outcomes are often mutually reinforcing.

2.8 General practices are effectively placed to deliver a range of effective interventions to support recovery from drug and alcohol dependence: there is a substantial body of evidence to support this (Royal College of General Practitioners, 2011; Royal College of General Practitioners, 2015).

3 OUTCOMES

3.1 In line with the NICE quality standards for drug and alcohol misuse, commissioned drug and alcohol treatment and recovery services across North Yorkshire will be evidence based, high-quality and cost-effective.

3.2 The Commissioner wishes to achieve a change, as indicated below, in the following proxy outcome measures as a result of drug and alcohol service commissioning arrangements, and broader public health activities across North Yorkshire. Commissioned services will not be directly performance managed against delivery of all of these proxy outcome measures, because the Commissioner acknowledges the complexity of circumstances and solutions that play a part.

Public Health Outcomes Framework 2013-2016:

- **Improving the wider determinants of health.**
- **Re-offending levels (% of offenders who re-offend; average no. of re-offences per offender)** (expectation: downward trend in drug and alcohol related re- offences within a 12 month period following engagement with services)
- **Health improvement.**
- **Successful completion of drug treatment** (expectation: upward trend in completions/ total number in treatment)
- **Alcohol related admissions to hospital.** The Commissioner will specifically monitor alcohol related admissions (narrow definition) to hospital by North Yorkshire residents (expectation: no further growth in trend of admissions for alcohol related conditions)
- **People entering prison with substance dependence issues who are not previously known to treatment** (expectation: yet to be determined by Public Health England)

- **Healthcare public health and preventing premature mortality.** Deaths of individuals in North Yorkshire that are potentially associated with drug and alcohol misuse are reviewed in line with the Drug and Alcohol Related Deaths Enquiry Protocol.

4 AIMS AND OBJECTIVES

Aim:

In line with all commissioning arrangements for the provision of adult drug and alcohol treatment and recovery services across North Yorkshire, the overarching aim of this service is to support individuals to recover from drug dependence, including abstinence.

Objectives of the Service are:

- To identify patients within the practice’s registered population who misuse illicit and illicitly obtained drugs;

- To identify and address risks associated with drug misuse, both to patients and others;

- To support eligible patients to engage with drug treatment and recovery services.

- To promote and improve patients’ physical, psychological and social wellbeing;

- To promote and support patients’ recovery from drug dependence, including abstinence.

- To reduce the risk of prescribed drugs being diverted onto the illicit market.

5 SCOPE OF THE SERVICE

5.1 Service Outline

5.1.1 Eligibility criteria:

- Patients within the practice's registered population who use illicit or illicitly obtained opiate drugs who:
- Have been referred to the practice by NYH, because their needs can be effectively catered for as part of this practice based shared care service,

  or;

- Have been identified as suitable to be supported by this shared care service, following *joint* holistic assessment within the practice by the designated clinician and NYH[1]

5.1.2 Exclusion criteria:

- Patients under 18 years old. Patients under 18 year olds will be referred to NYH. NYH is commissioned to provide pharmacological interventions to under 18 year olds in conjunction with Compass REACH.
- Patients with iatrogenic medicine dependence are not eligible for this service.

5.1.3 Service description:

The practice will:

- Maintain an accurate register of patients engaged in the service;
- Comprehensively and holistically assess all patients in conjunction with the NYH Recovery Co-ordinator, *prior* to initiation of opiate substitute medication prescribing. The clinician and NYH Recovery Co-ordinator will adopt an asset based approach. Patients will be encouraged to redress all components of their dependence and recovery, including identification and management of biological, social, physical and psychological components of their dependence;
- With support from NYH, develop and maintain a documented comprehensive assessment, risk assessment and recovery care

[1] Practitioners should only prescribe and treat to the level of practice at which they feel competent and confident (RCGP, 2011). A practice based service is **not** appropriate for all patients. **Every** patient considered for this service will be jointly holistically assessed with NYH prior to initiation of opiate substitute medication.

plan (inclusive of a Treatment Outcome Profile [TOP]) for each patient receiving this service;

- Provide opiate-substitute prescribing interventions to eligible patients in accordance with clinical guidelines, and in line with the medicines formulary outlined in Appendix A;
- With support from NYH, provide appropriate psychosocial and harm reduction interventions, and promote and facilitate patients' engagement with local recovery groups that are affiliated with North Yorkshire Horizons Recovery and Mentoring Service;
- Attend and contribute to 3-way meetings with the patient and appointed NYH Recovery Co-ordinator on at least a 12 weekly basis, to review progress against the patient's recovery care plan (inclusive of a Treatment Outcome Profile [TOP]);
- Identify and address harms to the patient or others, and take appropriate safeguarding action where appropriate;
- Ensure patients' primary healthcare needs are identified and addressed, including provision of long term condition management; opiate withdrawal symptomatic relief management; BBV testing, pre and post-test counselling and referral to specialist services, and vaccinations;
- Ensure patients' needs for other public health services delivered by the Practice are identified and addressed – e.g. LARC, NHS Health Check, Smoking Cessation, Alcohol
- Make direct referrals to other organisations as required;
- Ensure all patients engaged in this service are reported to the National Drug Treatment Monitoring System (NDTMS) maintained by Public Health England, via NYH;
- Provide NHS Health Check to patients engaged in this service aged 40-74 years old, who meet eligibility criteria

5.1.4 Roles and responsibilities for delivery of the service:

All patients receiving this service will be supported by a designated clinician within the practice and the appointed NYH Recovery Co-ordinator, as part of a shared care arrangement.

The practice will nominate at least one *designated clinician(s).* The designated clinician will fulfil the competence requirements set out in section 6.1.2, and be accountable for the delivery of this service within the practice. *Appointed clinicians* may deliver this service, but with oversight from the designated clinician.

Designated clinicians are responsible for overseeing the medical assessment and reviews of all patients engaged in this service, as well as overseeing the provision of opiate substitute and symptomatic relief prescribing interventions.

The designated clinician(s) is accountable for all prescribing decisions for patients. The designated clinician(s) will deliver and/ or facilitate access to clinical interventions *within* the practice, including BBV testing and general vaccinations. They will also make direct referrals to other organisations when identified and/ or recommended by the NYH Recovery Co-ordinator, for example for dual diagnosis identification and management, housing support, mutual aid. The designated clinician will ensure accurate and contemporaneous record keeping, and they will communicate with the NYH Recovery Co-ordinator on decisions and actions that they take, as part of shared care management of patients.

An appointed Recovery Co-ordinator from NYH will support the designated clinician(s) to undertake a holistic and comprehensive assessment with all patients *prior* to initiation of any opiate substitute prescribing interventions. They will lead on the development and monitoring of patients' recovery care plans. They will recommend additional referrals that the designated clinician(s) will action, including but not exclusively to IAPT, CMHT, mutual aid, housing services. The NYH Recovery Co-ordinator will co-ordinate the interface with partner organisations as part of this shared care arrangement. They will deliver psychosocial interventions to support patients' recovery ambitions. They will also promote and facilitate engagement with the NYH Recovery and Mentoring Service. The Recovery Co-ordinator will lead on NDTMS reporting requirements.

The NYH clinical team is available to provide prescribing decision support, peer supervision, and local and be-spoke substance misuse continual professional development seminars. This can include the provision of North Yorkshire based Royal College of General Practitioners (RCGP) substance misuse level 1 training – please refer to section 6 for further details.

6 STANDARDS

6.1 Standards of the Service

6.1.1 Clinical effectiveness

- Designated clinicians and the practice will implement evidence based interventions. NYH will support and advise as addiction specialists. The practice will monitor and evaluate effectiveness of the delivery of the service via clinical audit.

6.1.2 Governance standards

The practice will ensure:

- Compliance with all legal requirements associated with delivery of this service;
- Established clinical governance mechanisms and practices in line with the Orange Book (Department of Health, 2007), and other

recognised standards such as those published by RCGP and National Treatment Agency Medications in Recovery, Re-orientating drug dependence treatment (2012);

- Controlled drug governance practices that are compliant with legislative requirements and current and successor NICE guidelines (April 2016);
- That all controlled drugs related incidents are reported by the practice to the Accountable Officer for Controlled Drugs: england.yhcdao@nhs.net
- Compliance with the Procedure for Lost/ Stolen/ Forged Prescriptions (Appendix B)

6.1.3 Competence – Substance Misuse

The practice will ensure that:

- Designated and appointed clinicians working with drug misusers are appropriately competent, trained and supervised (as per Department of Health guidelines, 2007). Managing drug misuse care normally requires a multidisciplinary response. Practitioners should only prescribe and treat to the level of practice at which they feel competent and confident, and they should draw on the skills of other professionals including addiction specialists and pharmacists, from NYH in the case of North Yorkshire, to support them (as per RCGP, 2011). All designated clinicians have completed the RCGP Part 1 Certificates in the Management of Drug Misuse *and* the Management of Alcohol Problems in Primary Care as a minimum.The current RCGP costs are £260 per GP per certificate. However, the clinical partner within NYH, Spectrum Community Health, is an accredited training provider of the Level 1 certificates. Spectrum can offer this training within North Yorkshire, at a reduced rate (c.£165), assuming demand by 8 or more practices/ pharmacies at any one time. Costs may increase slightly if venue and refreshment charges are incurred.
- From 2017, designated clinicians are expected to complete a re-certification module if more than 5 years has elapsed since previous completion of their Level 1 certificate.
- Designated clinicians providing this Service are *also* compliant with the established competence standards of an *intermediate doctor* as outlined in the RCGP/ RCPsych document: *Delivering quality care for drug and alcohol users: the roles and competencies of doctors (RCGP, RCPsych, 2012).* Please refer to Appendix C.
- Designated clinicians will cover all aspects of their practice, including delivery of this service, within their annual appraisal, as per regulatory body requirements.

7 MONITORING/PERFORMANCE INDICATORS

7.1 Activity

The following data will be submitted by the Practice via Outcomes4Health**:**

Activity		
Submitted in April	Number of patients in the Service on the 1st of April who are **also** engaged with the North Yorkshire Horizons Recovery Co-ordinator (claimable under this Service – payment will be made in April)	Number
Submitted monthly	Number of *new* patients who have received a comprehensive assessment and drug treatment and recovery intervention **in conjunction with** the North Yorkshire Horizons Recovery Co-ordinator in the reporting month (claimable under this Service – payment will be made in this month only during this financial year)	Number
Submitted monthly	Total number of patients in the Service on the last day of the reporting month who are **also** engaged with the North Yorkshire Horizons Recovery Co-ordinator	Number
Submitted monthly	Numerator: Total number of patients in the Service within the reporting month Denominator: Total number of patients who have provided consent to share their drug/ alcohol treatment information (NDTMS) with Public Health England for monitoring and surveillance purposes within the reporting month	Numerator: number Denominator: number

All patients receiving this service will be asked to consent to share pre-defined data about them with NDTMS (Public Health England) on a monthly basis. The designated clinician and NYH will ensure that clients' consent is recorded. NYH will submit this data on behalf of the practice as part of the NYH data submission. Please refer to the Confidentiality Toolkit for further details.

7.2 Quality

The following quality data will be submitted by the Practice via Outcomes4Health**:**

Competence requirements		
Submitted monthly	Number of designated clinicians delivering this Service within the practice	Number

Submitted monthly	Number of designated clinicians delivering this Service who have completed RCGP Level 1 certificates in management of drug misuse *and* management of alcohol problems in primary care within last 5 years	Drug misuse: number Alcohol misuse: number
Submitted monthly	Number of designated clinicians who are compliant with the established competence standards of an *intermediate doctor* as defined in section 6.1.2 and Appendix 3	Number

CCGs provide practice level itemised prescribing data to the Commissioner on a quarterly basis. The Commissioner and their appointed medicines advisor reviews this data upon receipt to assess compliance with the medicines formulary outlined in Appendix A. Specific queries will be raised directly with the practice and North Yorkshire Horizons by the Commissioner.

NDTMS data will be reviewed to assess quality of the service provided including: wait times, hepatitis interventions offered and provided; successful completions etc.

7.3 Incidents and Patient Safety

Refer to Schedule 6.

8 FINANCIAL

Practices will only be funded for patients who are receiving a shared care service in conjunction with North Yorkshire Horizons.

Practices will receive one payment for each patient per 12-month period - set at £369.09 – if the patient is receiving a shared care service supported by the NYH Recovery Co-ordinator. Only *one* claim per patient may be made within a 12 month period (April – March).

Costs associated with prescriptions generated by this service that are compliant with the medicines formulary outlined in Appendix A will be funded separately – paid directly to the NHS.

Practices will receive an annual payment set at £1021.57. This payment is to support designated clinicians to meet the CPD requirements set out in section 6.1.3 and Appendix 3. It will also support their attendance at an annual shared care group organised by the Commissioner.

Where data is not submitted to the Commissioner by the due date each month, the Provider must notify the Commissioner of the reasons why this has occurred. In the case of late submission of performance data, the Provider will <u>not</u> receive payment for any data submitted more than eight weeks after the original submission date.

9 REFERENCES

Hyperlinks to key reference documents are included throughout the document.

Appendix A – Medicines Formulary

The following medicines may be prescribed within this service. Prescribing out-with this formulary will be subject to *prior* agreement with the NYH clinical team, and commissioners, prior to initiation.

Buprenorphine_Tab Subling 2mg S/F
Buprenorphine_Tab Subling 8mg S/F
Buprenorph/Naloxone_TabSubling8mg/2mgSF
Buprenorphine_Tab Subling 4mg S/F
Methadone HCl_Mix 1mg/1ml
Methadone HCl_Mix 1mg/1ml C/F
Methadone HCl_Mix 1mg/1ml S/F

Generic prescriptions should be written.

Appendix B – Lost, stolen and missing prescriptions protocol (attached).

Appendix C – RCGP, RCPsych (2012) Delivering quality care for drug and alcohol users: the roles and competencies of doctors (attached).