The Treatment of Problematic Drug Misuse by Primary Care in Lothian

2013 Report by the Primary Care Facilitator Team

Primary Care Facilitator Team
Substance Misuse Directorate
Primary care refers to the services provided by health professionals in either clinics or practices, or sometimes in a patient’s home. Primary care is normally the first point of contact with the NHS and primary care professionals are considered the "gatekeepers" to secondary and tertiary services. An estimated 90% of patient contact is handled at this level.

General Practitioners are usually independent of the NHS and are contracted by local NHS Boards to provide their particular service. Their contracts are negotiated on a national basis (either at a Scottish or UK level) but NHS Boards still have some scope to negotiate local contracts or to employ practitioners directly as salaried NHS employees.

The National Enhanced Service (NES) was introduced in Lothian in 2004 adopting the specification described in the GMS Contract 2003. The contract has subsequently been modified in conjunction with the NES Monitoring Group, the Primary Care Contracting Organisation and the Local Medical Committee to reflect changes in guidelines and policy. Since 2009 the clinical interface and the reporting and analysis of interventions has been supported by a software package provided by Albasoft. The analysis of this data forms the basis of this report.

Lothian is unusual in that the majority of the care and prescribing for drug-using patients takes place in primary care rather than in specialist services and 91 out of the 126 practices are now contracted to provide this care to over 4000 patients. This work is supported and audited by the Primary Care Facilitator Team and members of the team have a programme of regular visits to practices to offer feedback, training and support to help those providing the service to work towards improving outcomes for drug-using patients.

**Number of NES Patients in Lothian by Area, March 2013**

<table>
<thead>
<tr>
<th>Area</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Lothian</td>
<td>424</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>3119</td>
</tr>
<tr>
<td>East Lothian</td>
<td>963</td>
</tr>
<tr>
<td>Midlothian</td>
<td>230</td>
</tr>
<tr>
<td>Total</td>
<td>4136</td>
</tr>
</tbody>
</table>
### Contracted Lothian Practices / Drug-Using Patients Treated In GP Practices By ADP, 2005 - 2013

<table>
<thead>
<tr>
<th>Period ending</th>
<th>Mar 05</th>
<th>Mar 06</th>
<th>Mar 07</th>
<th>Mar 08</th>
<th>Mar 09</th>
<th>Sep 10</th>
<th>Mar 11</th>
<th>Mar 12</th>
<th>Mar 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh</td>
<td>50</td>
<td>49</td>
<td>49</td>
<td>50</td>
<td>51</td>
<td>48</td>
<td>47</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>2,540</td>
<td>2,805</td>
<td>2,837</td>
<td>2,852</td>
<td>2,901</td>
<td>3,037</td>
<td>3,076</td>
<td>3,200</td>
<td>3,119</td>
</tr>
<tr>
<td>Mid &amp; East Lothian</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>540</td>
<td>565</td>
<td>562</td>
<td>565</td>
<td>555</td>
<td>530</td>
<td>533</td>
<td>576</td>
<td>593</td>
</tr>
<tr>
<td>West Lothian</td>
<td>16</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>20</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>296</td>
<td>347</td>
<td>383</td>
<td>392</td>
<td>452</td>
<td>442</td>
<td>457</td>
<td>450</td>
<td>424</td>
</tr>
<tr>
<td>Lothian Total</td>
<td>86</td>
<td>87</td>
<td>87</td>
<td>88</td>
<td>91</td>
<td>87</td>
<td>87</td>
<td>89</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>3,376</td>
<td>3,717</td>
<td>3,782</td>
<td>3,809</td>
<td>3,908</td>
<td>4,009</td>
<td>4,066</td>
<td>4,226</td>
<td>4,136</td>
</tr>
</tbody>
</table>

**Number of NES Patients per Practice, by ADP, March 2013**
Standards Expected Of Contracted Practices

- Develop and co-ordinate the care of drug users and develop practice guidelines.
- Practices must have knowledge of local and national drug policies and clinical guidelines. Practices must have knowledge of local referral, detoxification and peer support services.
- Treat dependent drug users with support. This will be with support from, for example, nurses with specialist interest and specialist or non-statutory providers. It includes the prescribing of substitute (opiate and non-opiate) drugs and/or other treatments in keeping with best practice and prescribing guidelines.
- Ensure that treatment and prescribing take place within a context in which the coexisting physical, emotional, social and legal problems are addressed as far as possible.
- Maintain awareness of relevant child protection procedures and local guidelines on the care of children and families including the need for appropriate sharing of information.
- Participate in audit of prescribing.
- Demonstrate additional training and continuing professional development. This should be commensurate with the level of service provision expected of a clinician in line with any national or local guidance to meet the requirements of revalidation.
- Maintain the safety and training of clinical and non-clinical staff.
- If a practice has agreed to provide care for patients outside their own registered list they will be funded to do so. There must be an effective means of communication with the registered doctor regarding these patients.

The Primary Care Facilitator Team (PCFT)

The PCFT is part of NHS Lothian Substance Misuse Directorate and has the remit to:

- Support primary care and community teams in providing treatment and care for those affected by substance misuse and blood borne viruses. This involves multi-disciplinary and interagency working by a knowledgeable and competent workforce.
- Improve standards of knowledge and care in these areas. The PCFT promotes evidence-based practice through the provision of information, advice, training and education, guidance on good practice and other resource materials based on research, clinical guidelines, expert opinion and policy directives.
- Support and monitor the implementation of the Enhanced Services commissioned by NHS Lothian for patients suffering from drug misuse and affected by blood borne viruses. This covers 70% of Lothian GP practices looking after over 4,000 drug users.
- Contribute to the audit and support of the Alcohol Brief Interventions Enhanced Service as part of NHS Lothian’s strategy to meet Alcohol Brief Intervention HEAT targets and standards.
- Represent the needs and views of primary care and community services providing care for those affected by drug use and blood borne viruses.
- Provide training, education and workforce development. The PCFT designs, delivers and evaluates training programmes and educational events for primary care teams, community healthcare staff and allied health and social care professionals. It also plays a key role in workforce development.
Practice Visits

From March 2012 to March 2013 the PCFT medical staff delivered 30 practice-based training sessions to provide feedback, audit, education and support to practices contracted to deliver the NES. These meetings have been very well evaluated by those participating and have helped to promote improvements in practice.

Practice-agreed action points following PCFT practice training sessions include:

- Start more formal care planning and review.
- Review patients prescribed diazepam and support reduction.
- Increased rates of methadone supervised self-consumption.
- Audit patients prescribed large amounts for methadone and refer for ECG.
- Increase hepatitis B immunisation focusing on those with partially completed courses.
- Increase Hepatitis C testing rate and use of Dried Blood Spot Testing.

Evaluation from participants at practice visits include:

- Exceeded expectations by providing good education and discussion.
- Interactive – not punitive.
- Helpful and supportive.
- Very interesting to see how the practice compares with others in Lothian.
- Fun and interactive, good presentation skills.
- Knowledgeable presenters.

NES Monitoring Group And Contract Review Group

The Monitoring Group exists to support the work of the PCFT and to provide a forum for ensuring that the contract meets the needs of Lothian GPs as well as fulfilling the Scottish Government and NHS Lothian strategies for delivering care to drug-using patients and improving outcomes.

The group is made up of representatives from the PCFT, the PCCO, the Substance Misuse Directorate and NHS Lothian management as well as GPs from practices across Lothian. This group is also involved, along with the LMC, the PCCO and Alcohol Drug Partnerships, in regular review of the Lothian contract for this work.

The aim of the group is to ensure that the voice of the primary care staff delivering on the contract is heard as well as that of policy makers and commissioners,
Data Extraction And Analysis

Crucial to the success of the NES is the ability for clinicians to be able to enter data to evidence their care of patients contemporaneously using purpose built templates and screens. These have been developed by an Inverness-based company (Albasoft) in conjunction with the PCFT and the NES Monitoring Group.

The database that has evolved since the start of this contract in 2004 is extensive and complex and this has been recognized by the secondment of data analyst time from the Health Information Unit to the PCFT.

Improvements in the screens, data extraction and analysis should allow for improved reporting on the work done in primary care with drug-using patients in relation to prescribing, BBV interventions and holistic care. The clinical screens now contain links to support the dissemination of information to patients about sexual health, harm reduction and recovery.

Summary data input screen
The Scottish Government's 2008 policy document – The Road to Recovery – increasingly underpins how services are delivered to drug-using patients in Lothian. Following on from the HIV epidemic amongst drug users in the 1980s, Lothian primary care has been very successful at attracting patients into treatment, establishing them on evidence-based opiate substitution prescriptions and providing BBV testing and immunisation.

The Enhanced Service encourages discussion of Recovery Plans with patients and the development of Recovery HUBs around Lothian has improved access to treatment and recovery services.

<table>
<thead>
<tr>
<th>ADP</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh</td>
<td>1,432 of 3,119</td>
<td>46%</td>
</tr>
<tr>
<td>Mid &amp; East Lothian</td>
<td>390 of 593</td>
<td>66%</td>
</tr>
<tr>
<td>West Lothian</td>
<td>240 of 424</td>
<td>57%</td>
</tr>
<tr>
<td>Lothian Total</td>
<td>2,062 of 4,136</td>
<td>50%</td>
</tr>
</tbody>
</table>
The aim of opioid substitute treatment is to improve the quality of life of opioid-dependent patients and to reduce the potential harm of using illicit drugs, both for the individual and for those affected by their drug-use.

The model of treatment in Lothian allows drug-using patients to access their treatment at their GP surgery fostering long-term therapeutic relationships with the prescriber and opportunities to address other health issues with the primary care team.

The recent introduction of a Shared Care Protocol for Suboxone has extended the treatment options for patients in both specialist and community treatment. Methadone is the opioid substitute therapy currently prescribed to the majority of patients in primary care. The optimum dose of methadone shown to be effective in reducing harm is between 60 and 120mg and the average dose prescribed in Lothian is currently 72mg.
The amount of methadone that a patient takes home from the pharmacy should be reviewed regularly and decisions about the frequency of dispensing balanced between increasing trust and responsibility against concerns about diversion and overdose risk. The local guideline is that patients on higher doses should usually have more frequent dispensing, so that quantities >350 mg should not routinely be supplied at any one time.

NHS Lothian has produced advice about keeping children safe from alcohol and drugs in the home and prescribers are prompted by the clinical screens to discuss this with patients.
**Methadone Supervised Self-Consumption**

The clinical need for supervised methadone consumption should be reviewed regularly. This allows an opportunity to check the dose is appropriate and may help to reduce diversion. Discussing supervised consumption with the patient provides an opportunity to discuss safe storage and overdose risk.

Lothian guidelines are that those prescribed methadone should have a minimum of two weeks supervised consumption at their pharmacy every year. A significant number of patients will require longer periods than this and ultimately the need for supervision is a clinical decision.

Reported rates of supervised self-consumption of methadone in Lothian have been falling. This may be related to the way data is recorded at the practice but may also be a function of the increasing complexity of other parts of the care being provided to drug users in primary care. The PCFT is working to increase the levels of supervised self-consumption of methadone at the patient’s pharmacy.

![Methadone Supervision Rate per Practice in the 12 Months to March 2013](image)

**Suboxone**

This combination of Buprenorphine and Naloxone has now been approved by the General Practice Prescribing Committee for use in Primary Care in Lothian and is supported by a Shared Care Protocol. This is consistent with UK guidelines, including NICE, which recommended that clinicians should be able to prescribe both Methadone and Buprenorphine depending on the needs of their patient.
Drug users are at risk of Hepatitis B infection due to sharing of injection equipment and through sexual spread. During the 1990s outbreaks of Hepatitis B infection among drug users were relatively frequent but by the 2000s concerted efforts to vaccinate injecting drug users against Hepatitis B resulted in a decline in the numbers of new transmissions. The contract promotes the vaccination against Hepatitis B infection of all drug users and not just those who are current or previous injectors.
**Blood Borne Virus Locally Enhanced Service**

In October 2009 NHS Lothian introduced a Blood-Borne Virus Local Enhanced Service (LES) to increase BBV advice, testing, review and referral for individuals looked after in general practice under the Drug Users National Enhanced Service (NES). Currently over 4000 drug users out of approximately 6000 in Lothian are looked after in general practice under the Drug Users NES.

This has helped to significantly raise awareness of Hepatitis C in primary care, Blood Borne Virus testing and referral of patients to both non-statutory support agencies and specialist hospital clinics.

Latest available data (as at February 2013) shows the following activity generated by the requirements of the LES over the last year, in relation to the individuals looked after under the NES

<table>
<thead>
<tr>
<th>Requirement of BBV Local Enhanced Service</th>
<th>Outcome as at February 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual discussion about the risk of BBVs including prevention of infection and the importance of testing.</td>
<td>GPs discussed BBV risk with 93% of drug-using patients seen in primary care.</td>
</tr>
<tr>
<td>Update of injecting status over the last year.</td>
<td>GPs recorded the injecting status of 84% of drug-using patients seen in primary care in the previous 12 months. 13% were recorded as ‘current injectors’ and 43% as ‘previous injectors’.</td>
</tr>
<tr>
<td>Offer of testing for BBVs to those at risk.</td>
<td>91% of patients have been offered a hepatitis C test, and 74% of patients have been tested.</td>
</tr>
<tr>
<td>Offer of repeat testing for BBVs to those at continued risk.</td>
<td>57% of current injectors were offered hepatitis C testing in the last year; and 35% were tested.</td>
</tr>
<tr>
<td>Annual review for patients with a chronic BBV infection to ensure they are accessing treatment or support services.</td>
<td>572 individuals were recorded as having chronic BBV infection. 87% had an annual review recorded in the last year. 20% were referred for treatment or support. This constitutes 98 individuals being referred (or re-referred) for treatment or support as a result of the annual review. 44% were recorded as already engaged with treatment or support, and 14% of patients declined referral for treatment or support.</td>
</tr>
</tbody>
</table>

24% of GP practices participating in the Drug Misuse NES received a practice visit from the Primary Care Facilitation Team during the financial year 2012/13 to discuss BBV education and performance.
Future Developments

The number of drug users being cared for in GP practices in Lothian continues to increase. The PCFT will continue to give support, feedback and training to Primary Care staff who deliver care to patients in order to help ongoing provision of quality evidence-based care and improved outcomes.

Piloting Increased Support For GPs From The Voluntary Sector

The current review of commissioning of services allows for the possibility of improving support for patients and staff in Primary Care. The evaluation of a pilot scheme in the south west of the Edinburgh promoting active linkage of NES patients to psychosocial support is awaited with interest and may provide a template for a greater integration of NHS and non-statutory services in the future.

The PCFT and the Monitoring Group will have an input on behalf of Lothian GP practices to discussions at the Enhanced Service Review Group about the contract for 2014/15 and beyond. NHS Lothian remains committed to supporting the NES contract for patients accessing the drug and BBV care at their GP surgery.

Take Home Naloxone – Reducing Drug Death

Work has started on developing a Local Enhanced Service that will support the Scottish Government’s target of increasing availability of Take Home Naloxone (THN) and reducing drug-related deaths by facilitating the prescribing of THN by Lothian GP practices.

Primary Care is the largest provider of opioid substitution treatment in Lothian. There are over 4,000 drug users being cared for under the National Enhanced Service for Drug Misuse contract in Lothian (NES) of whom 3,200 are prescribed opiates. Primary Care staff also have contact with drug users not currently in treatment for their addiction and the relatives of drug-using patients who may witness an overdose and be in a position to provide help by administering THN before an ambulance arrives.