

National enhanced service

Patients suffering from drug misuse

Introduction

1. All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Background

2. Drug misuse and its complications pervade every part of society and social classes and are a problem found across the whole country.
3. The number of drug users in the general population is estimated to be in the regions of 150,000 – 200,000, though since the demise of the Home Office Addicts Index, exact prevalence rates are difficult to estimate accurately. Based on current estimates however, it would be expected that almost every general practitioner would have patients with drug misuse registered with them, though prevalence rates in inner cities and urban areas will be significantly higher than in rural areas.

Service outline

4. The following elements of the service would need to be in place already for the purpose of this NES:
 - (i) an accurate register of patients
 - (ii) a sequential review as appropriate
 - (iii) safe and secure practices, appropriate for the provision of such services
 - (iv) a good knowledge of, and effective liaison with, local drug services and other agencies, including non-statutory services
 - (v) links between local pharmacies, primary care drug support workers, social services (including the Child Protection Service) and local mental and clinical health teams.
5. This national enhanced service will fund practices to be able to:
 - (i) **develop and co-ordinate of the care of drug users and develop practice guidelines.** Practices must have knowledge of local detoxification procedures
 - (ii) **treat dependent drug users with support.** This will be with support from, for example, shared care drug service, GPswSI, nurses with specialist interest and specialist providers. It includes the prescribing of substitute (opiate and non-opiate) drugs or antagonists using best practice as outlined in the Department of Health's drug misuse clinical guidelines or equivalent
 - (iii) **ensure that prescribing takes place within a context in which the co-existing physical, emotional, social and legal problems are addressed as far as possible.**
 - (iv) **participate in audit of prescribing practice**
 - (v) **act as a resource to practice colleagues in the care of drug users**

- (vi) **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
 - (vii) **maintain the safety and training of clinical and non-clinical staff**
 - (viii) **provide care for patients outside their own registered list (if the practice has agreed to look after such patients).** These patients must have an effective means of communication with the registered doctor.
6. The NES will be subject to the following audits on a six-monthly basis:
- (i) audit of prescribing of substitute medication if appropriate and adherence to the minimum standards laid out by the PCO / shared care monitoring group
 - (ii) audit of hepatitis B screening and immunisation data relevant to this patient population.
7. An annual review of service will be made to include the following:
- (i) attendance rates
 - (ii) non-attendance rates
 - (iii) review against outcomes
 - (iv) financial review.

Accreditation

8. Those doctors who have previously provided services similar to this enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.
9. A practitioner providing enhanced services in drugs and substance misuse should have the skills to:
- (i) identify and treat the common complications of drug misuse
 - (ii) carry out an assessment of a patient's drug use
 - (iii) provide harm reduction advice to a current drug user or his or her family
 - (iv) test (or refer for testing) for other viruses, including HIV, and immunisation for hepatitis B to at-risk individuals
 - (v) provide drug information to carers and users as to the effects, harms and treatment options for various common drugs of use
 - (vi) assess and refer appropriately, patients for drug misuse substitution treatment
 - (vii) utilise the range of commonly used treatment options available for treatment including pharmacological interventions
 - (viii) be aware of local policy
 - (ix) work in an appropriate multidisciplinary manner.

Appraisal criteria

10. The appraisal criteria will include both the generalist and special interest aspects of the work.

CPD requirements

11. It is expected that the level of training required for a GP providing an enhanced service is identified in the GP's personal development plan and, where additional training is required, local mechanisms are found to address this.

Costs

12. In 2003/04 each practice contracted to provide these services will receive a £1,000 annual retainer, £500 withdrawal per patient per annum, and £350 maintenance per patient per annum, paid quarterly in arrears. These prices will be updated by 3.225 per cent in 2004/05 and again in 2005/06.