

Local Enhanced Service Patients Suffering with Drug Misuse

Version Control		
Version	Date Amended	Summary of amendments
Substance Misuse LES Specification 20 October 2011	June 2023	Justified. Change Cardiff Local Health Board to Cardiff and Vale University Health Board in section 8. Added in Claim, termination and GMPI information. 23-24 Fees

Introduction

1. All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This locally enhanced service specification outlines the services that are to be provided.

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 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

5. The following criteria need to be applied for the purpose of this LES:
 - i) be restricted to the shared care and maintenance of patients on methadone and buprenorphine.

- ii) involve patients who have been assessed and stabilised within the secondary care setting.
 - iii) have access to the supervised consumption of methadone/buprenorphine with local pharmacists.
 - iv) involve patients having a named link worker.
 - v) provide assurance that there will be review in the secondary sector when requested.
 - vi) ensure the service to the patient is convenient.
 - vii) ensure the need for continuation of therapy is reviewed regularly.
 - viii) ensure the use of resources by the National Health Service is efficient.
 - ix) an accurate register of patients
 - x) ensure the patient has an individual management plan
 - xi) To work with other professionals, when appropriate.
 - xii) To refer patients to other necessary services and to relevant support agencies using locally agreed guidelines where these exist.
6. To deliver the LES, practitioners will be required to use a team approach. Central to this will be the naming of a link worker for each patient from the specialist secondary care addiction service. The link worker will:
- i) ensure that the GP has a summary of the patient's care with current medication;
 - ii) ensure that a pharmacy participating in the supervised consumption of methadone/buprenorphine scheme (if clinically indicated) will dispense the prescription;
 - iii) An annual review of service will be made to include: attendance rates, non-attendance rates, review against outcomes and financial review.

- iv) Record Keeping – Practitioners will maintain adequate records of the performance and result of the service provided, incorporating information from other local providers involved in the care of patients, as appropriate. The forms used for this process will be those recommended by the Substance Misuse Branch at the Welsh Assembly Government.
- v) arrange urgent reassessment and referral to specialist secondary care service at the request of the GP;
- vi) offer support/advice to GP as appropriate.

7. Practice Based Follow Up

- i) To supplement the initial training, participating GPs will be offered individual, practice based training when specific GP practice issues can be addressed.
- ii) Clinicians and specialist link workers will undertake training/discussions with all practice based staff to increase awareness of the issues involved in treating this patient group.
- iii) These practice based sessions will also involve dissemination of a GP handbook with guidelines for care.

8. Patient numbers

- i) The number of patients qualifying for a LES will be negotiated between the practice and Cardiff and Vale University Health Board.
- ii) If a patient no longer requires services, his/her GP will not be eligible for a payment under the LES.

9. Audit

The LES will be subject to the following audit:

- i) Practitioners will be required to carry out quarterly audits in accordance with LHB clinical governance standards. These quarterly audit forms are then reviewed by the lead clinician at CAU. They are also reviewed with the practice during the annual practice visit. Views of service users should be considered and at

all times efforts must be made to protect patient confidentiality in the dissemination of information.

- ii) The quarterly audit forms will be required to be submitted to the CAU on a quarterly basis. The designated CAU worker will then verify the information contained on the form before signing it and sending it to the NWSSP - CS for audit purposes. The forms will cover the following matters:
 - Brief details as to drug, daily dose, dispensing frequency and if seen by other agency
 - Total consultations about drug use in quarter
 - Date of most recent supervised consumption

10. Accreditation

- i) Accreditation for GPs who want to be on the list for methadone maintenance prescribing therapy is dependent on the attendance at the initial 2 half day sessions provided by the CAU.
- ii) The Professional Advisory Group for Substance Misuse has a "Shared Care" sub-group (with two LMC representatives) who will advise the LHB on its view of the competence of an individual wishing to enter the scheme.

11. CPD requirements

- i) It is recognised that participants in the scheme will need updates and additional training after the initial input.
- ii) With this in mind it is proposed that all participants in the scheme will be offered the opportunity to attend an annual workshop/ seminar. The content of these will be based around advances in clinical practice and feedback from practitioners who have been running the scheme.

12. Costs

Practices in the LES will be paid the agreed maintenance fee per patient per annum. For 23-24 this is £402.13.

13. Claims

Practices are required to make claims by following NWSSP claiming cycle guidelines. Claims must be submitted within 6 months from the end of the quarter in which the service was delivered, to ensure payment.

13. Termination Period

Should the practice wish to cease providing the Enhanced Service, it will be required to provide 3 months' notice in writing to the Health Board. Should the practice wish to suspend providing the Enhanced Service it should contact the Health Board for guidance prior to any action being taken.

If, for any reason, a practice terminates/suspends the Enhanced Service and, if claims have been made during the current financial year, any reporting/auditing requirements outlined in the specification must be submitted upon request.

14. General Medical Practice Indemnity

This Enhanced Service is covered by the scheme for General Medical Practice Indemnity (GMPI) which falls under the GMS Contract Wales.

This scheme relates to potential or actual clinical negligence claims arising from incidents on or after 1 April 2019, and captures all General Medical Practice (GP practice) staff undertaking NHS 'primary medical services' as defined in The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019

The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019, sets out the scope of the scheme, namely "primary medical services" which are defined as health services provided under a contract, arrangement or agreement made under or by virtue of the following sections of the National Health Service Wales Act 2006:

- (a) section 41(2) (primary medical services);
- (b) section 42(1) (general medical services contracts);
- (c) section 50 (arrangements by Local Health Boards for the provision of primary medical services).

The GMPI will include clinical negligence liabilities for NHS work arising from the activities of all GP practice staff, including: GP partners; salaried GPs; locum GPs, if on the All Wales Locum Register; Practice

Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical services. GP trainees and trainee nursing students delivering general medical services will also be covered. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements and any vicarious liability to practices where a cluster-based health professional is providing direct care to the practice's registered patients.

GP Locums who are registered with and working to the terms of the All Wales Locum Register (AWLT) for Wales have access to the scheme for GMPI.