Version Control		
Version	**Date Amended**	**Summary of amendments**
Long Acting Buprenorphine LES Specification March 2021	May 2023	Fees updated
Long Acting Buprenorphine LES Specification Final v3 2023-23	June 2023	Justified Revised wording on payment.

Long Acting Buprenorphine Local Enhanced Service

Introduction

All practices are expected to provide Essential Services, and those Additional Services they are contracted to provide, to all their registered patients. This Local Enhanced Service (LES) specification outlines the more specialised services to be provided in relation to long acting buprenorphine. The specification of this service is designed to cover the enhanced aspects of that service which are beyond the scope of essential services. However, no part of the specification by commission, omission or implication defines or redefines Essential or Additional services.

Background

Once initiated and stabilised in CAU, long acting buprenorphine offers the advantage of being administered monthly in General Practice. This reduced administration may be beneficial where there is risk of misuse, or there are concerns regarding compliance and retention rates. Some patients may prefer not having to attend for daily consumption. Long acting buprenorphine should only be administered by an accredited healthcare professional.

Service Outline

The following criteria will be applied for the purpose of this Local Enhanced Service:

i) Restricted to the shared care and maintenance of opiate dependant patients on methadone and buprenorphine.
ii) Restricted to patients stabilised by CAU.
iii) Long acting buprenorphine administered every 4 weeks by an accredited healthcare professional.
iv) Involve patients having a named key worker.
v) Provide assurance that there will be a 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 NHS is efficient.
ix) Maintain an accurate register of patients.
x) Ensure the patient has an individual management plan.
xi) Work with other professionals when appropriate.

CAU Responsibility

To deliver the LES, practitioners will be required to use a team approach. Central to this will be the naming of a key worker for each patient from the specialist secondary care addiction service.

The key worker will:

i) When transferring a patients care to a GP, ensure that the GP has a day to day summary of the patient's care with current medication;
ii) Review the patient every 6 months
iii) 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.
iv) arrange urgent reassessment at the request of the GP;
v) Offer support/advice to GP and patient as appropriate.

GP Responsibility

The GP will:

i) Patients' prescribed long acting buprenorphine will be seen every 4 weeks; and therapy administered in practice by an accredited healthcare professional.
ii) Liaise with Key Worker if there are any clinical concerns.
iii) Complete the claim form every quarter and submit to NWSSP are per standard claiming processes
iv) Participate in quarterly monitoring and audit to ensure that all appropriate patients are captured by the service.
v) 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
vi) It is expected that the level of training required for a GP providing this enhanced service is identified in their continuous personal development plan and that they keep up to date.

Accreditation

Accreditation for GPs who want to be on the list for opiate substitute prescribing scheme is dependent on appropriate training having been attended; as agreed by the UHB; usually RCGP Certificate in the Management of Drug Misuse Part 1 and incorporated into the GP appraisal process.

Payment

Practices will be paid the agreed enhanced service fee based on the service provided quarterly in arrears.

Long Acting Buprenorphine - £536.23 per patient, per annum.

Administration of Long Acting Buprenorphine - £12.29 per injection

Practices **must** ensure all claims are submitted via FPPS within 6 months from the end of the quarter in which the drug/service was delivered. Practices will be paid quarterly in arrears and will be subject to post payment verification (PPV).

Monitoring and Audit

Practitioners will be required to submit the audit form (See Appendix) to the CAU on quarterly basis. The designated CAU worker will then review the information contained on the form before signing it and sending to the Primary Care team to support the annual review of the LES, inform service planning and to identify and share areas of good practice and/or areas for improvement where the service outline has not been met.
The audit will cover the following:

- Brief details as to medication, dose, number of injections, patient review.
- Total consultations about drug use in quarter

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.

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.