SPECIFICATION FOR THE PROVISION OF A

LOCAL COMMISSIONED SERVICE

SERVICE:	**Opiate Drug Misuse Locally commissioned service**
PERIOD:	1 April 2018-31 March 2019

1. Background

1.1. Camden's vision for substance misuse treatment is to:

1.1.1. Improve the experience, outcomes, quality of life and life expectancy for people who misuse substances or are affected by someone else's substance misuse.
1.1.2. Our treatment system will be balanced and ambitious in addressing the diverse needs of those who need help with their substance misuse.
1.1.3. Camden drug treatment system will ensure that every contact counts - people who access services will benefit from effective and evidence based harm reduction and prevention strategies to improve their health and wellbeing, whilst being supported to achieve their personal recovery outcomes and goals.
1.1.4. We will evaluate the effectiveness of our treatment system against national benchmarks and will work with other areas to share best practice in support of continuous service development.

1.2. This Locally Commissioned Service (LCS) supports GPs and primary care teams to work with patients to support their recovery from opiate drug misuse. The service is delivered in partnership with Camden's drug treatment system commissioned by Camden Council to support the patient's treatment and recovery goals.

1.3. Managing the care of patients will require a multidisciplinary response; wherever possible, this should be provided in collaboration with others such as other primary care practitioners, practice nurses, dispensing pharmacists, drug treatment practitioners and addiction specialists.

1.4. The service will support the following outcomes

- Increased numbers of patients in Camden becoming abstinent from opiate drugs:
- Patients for whom complete abstinence is not achievable at present will be supported to reduce their illicit drug use and work towards recovery.
- A reduction in the number of drug related deaths in Camden.
- A reduction in harm to people who use opiates, their families, their carers and the wider community.
- A reduction of street drug use and associated anti-social behaviour.

2. Aims and Objectives

2.1. The effectiveness of well delivered, evidence based treatment for drug misuse is well established. This LCS supports a range of interventions for opioid drug dependence within primary care settings by supporting GPs and primary care teams to provide care

and treatment in partnership with Camden's drug treatment system. The service will meet the following objectives:

- Provide care closer to patients,
- Improve access to primary care based treatment for patients who meet the locally agreed criteria
- Normalise the drug treatment process
- Encourage a holistic approach by addressing the patient's wider physical, mental and social health and wellbeing
- Promote continuity of care
- Promote access to additional specialist clinical treatment or input where required
- Promote recovery from drug misuse

2.2. Practices will be offered clinical support to deliver this service by the locally commissioned drug treatment system provider(s). The level of support provided from the drug treatment system will be outlined in the joint working protocols (Appendix 3) and will be determined by the number of patients receiving drug treatment, the level of practitioner competence and in agreement between the lead GP, primary care team and drug treatment service(s).

3. Duration

3.1. This LCS will be for a two year period from 1 April 2015 with option to extend annually for up to 3 years (1+1+1).

3.2. The LCS specification will be reviewed by commissioners annually.

4. Client Group

4.1. The target population for the LCS will be:

- Adult patients (18 years old or over) registered with a Camden CCG contracted general practitioner
- Objectively opioid dependent i.e. 1) clinically assessed/observation of opioid withdrawal symptoms 2) opioid positive urinalysis (or other near patient testing methods such as oral fluid and/or breath testing, where available with confirmatory urinalysis)
- Patients who would benefit from treatment within a primary care setting

4.2. Patients will be usually be assessed by a drug treatment service, stabilised on an opiate substitute medication and where suitable referred to the GP/primary care team to receive treatment under this LCS.

4.3. Some patients will access this LCS direct through the GP/Primary care team and start drug treatment without prior assessment or ongoing support through Camden's drug treatment system providers. This will be determined as appropriate by the GP, in agreement with the patient and the drug treatment system where the GP has the competence and expertise to do so. A joint recovery focused care plan review with the GP and drug treatment system provider(s) will be held every 6 months whilst the patient is in treatment (see 5.6).

5. Service outline

5.1. **Practices will:**

5.2. For each FTE general practitioner the primary care team will treat a maximum number of 30 patients. This number can be increased in agreement with the local commissioning team, but will be dependent on level of FTE GP posts supporting drug treatment in the primary care team, the level of practitioner training, competence/experience and support provided by the drug treatment system as outlined in 2.2.

5.3. Be able to provide care for patients outside their own registered list within the agreed locality/federation (though agreement with practices in the locality/federation). Where practices act as a hub practice for the locality/federation, the number of patients can be increased through agreement with the local commissioning team in line with the principles in 5.2. Patients, the prescribing GP and drug treatment service(s) must have an effective means of communication with the registered doctor and practices should adhere to the overarching federation service level agreement and meet the quality assurance governance.

5.4. Treat opioid dependent drug users, with support from the drug treatment system, GP with Special Interests (GPSIs) (where commissioned) and appropriate consultant(s).

5.5. Utilise pharmacological interventions which are based on NICE guidelines and within the prescribing protocols set out by the clinical commissioning group and drug treatment system.

5.6. GPs/primary care teams will complete (in partnership with the drug treatment service as outlined in 2.2 and 4.3) a 6 monthly recovery focussed care plan review with maintenance and reducing dose prescribing patients (see 5.18). The review will include completion of patient Treatment Outcome Profiles and patient identified recovery and health and wellbeing goals.

5.7. Support and encourage all patients to work towards personal recovery and health and wellbeing goals. These may include:

- Reducing the use of illicit drugs in addition to their opiate substitute medication prescription,
- Limiting alcohol consumption,
- Assessing risk and reducing transmission (through screening and vaccination) of Blood Borne Viruses,
- Good management of any health issues (including smoking cessation),
- Improved mental health and
- Improved wellbeing and social reintegration including housing, family life, gaining employment, active lifestyle, engagement with volunteering, training and other recovery activities.

5.8. Support and encourage all patients to access NICE recommended psychosocial interventions through the drug treatment system to support recovery from opioid drug misuse. This may be via appropriately trained drug treatment system staff, substance misuse psychology services or other available intervention such as IAPT.

5.9. Identify and treat the common complications of drug misuse or refer on to appropriate specialist treatment or healthcare.

5.10. Provide General Medical Services (GMS) or equivalent for drug users (see also 5.3.)

5.11. Undertake a physical health review of each patient every 12 months. This should include:

- Current substance use and injecting status
- Risk assessment interventions for blood borne infections; screening and onward referral for treatment (where clinically indicated)
- Appropriate cardiovascular examination in intravenous drug users at risk of sub-acute bacterial endocarditis and venous thrombosis.
- Life style factors, including:
  - recording alcohol intake and providing brief interventions
  - recording smoking status, smoking cessation advice given or referral to the specialist smoking cessation service if required
  - sexual health advice and cervical cytology arranged if needed
- ECG, particular if there has been a history of crack cocaine use (where clinically indicated) or prior to the patient being prescribed a higher dose medication[1]
- Liver Function Tests (where clinically indicated).
- Where patients meet the eligibility criteria, referral for an NHS Health Check.

5.12. Practices will offer testing for blood borne viruses including HIV, hepatitis C, at least annually or more regularly if the patient is deemed at risk, as clinically indicated. Practices will be aware of and actively participate in any locally agreed substance misuse Hepatitis C pathway for referral to specialist hepatology treatment in the community.

5.13. Offer as routine immunisation for hepatitis B to at-risk individuals their partners, families and carers.

5.14. Practices will provide information to users, carers, partners and families about the effects, harms and treatment options for various common illicit drugs. Harm reduction advice will be provided to drug users and their families.

Prescribing

5.15. Prescribing interventions are only one part of opioid drug treatment and should be provided in collaboration with the patient and drug treatment system providing recovery orientated care planning and psychosocial interventions to support the patients' treatment goals.

5.16. Prescribing should be in line with the following guidance (or updated versions thereof):
- Drug misuse and dependence UK guidelines on clinical management, DoH 2007[2]
- NICE Drug Misuse Guidance Opioid Detoxification, 2008[3]
- NICE Drug Misuse Technology Appraisal Methadone and Buprenorphine 2007[4]

[1] Client's who are taking Methadone 100mg or more should have an ECG at least once per year to monitor their QTc interval. Clients who are on doses below 100mg may need to have an ECG if they are also taking other psychotropic medications (or other types of medication) which affect the QT interval, e.g. Haloperidol, Pimozide, Amisulpiride, Quetiapine, Chlorpromazine, Citalopram and Tricyclic antidepressants. Where the QT interval is prolonged advice should be sought from a cardiologist and consideration given to reducing the dose of Methadone. Where a client is also taking psychotropic medication which affects the QT, consideration should be given to changing it to one that does not have an effect on the QT interval. For example, Fluoxetine might be preferred over Citalopram.

[2] Drug misuse and dependence UK guidelines on clinical management, Department of Health 2007 http://www.nta.nhs.uk/guidelines.aspx

[3] NICE Drug Misuse Guidance (CG52) Opioid Detoxification, 2007 http://www.nice.org.uk/guidance/CG52/chapter/1-Guidance

[4] NICE Drug Misuse Technology Appraisal 114 Methadone and Buprenorphine for the management of opioid dependence 2007 http://www.nice.org.uk/guidance/ta114

- Safer Management of Controlled Drugs
- Camden Drug Misuse and Dependence guidance v2 2014[5]
- Medications in Recovery: re-orientating drug dependence treatment, 2012[6]
- Medications in Recovery: best practice in reviewing treatment, 2013[7]

5.17. Practices will prescribe, using best practice, substitute (opiate and non-opiate) drugs or antagonists as outlined in the guidance above. Practices will provide
   - Maintenance
   - Reduction dose prescribing
   - Detoxification prescribing

5.18. The prescribing interventions may be categorised and defined (using Read codes as outlined in Appendix 1) as:

5.19. **Maintenance substitute.**
Practices will be expected to adhere to good practice and pro-actively manage patients in line with clinical guidance.

5.20. **Reduction dose prescribing**.
The treatment options for each patient is to be decided on a case to case basis and clarified in the care plan (example Appendix 4) and subsequent regular reviews between the GP/primary care team and the drug treatment service(s).

5.21. **Detoxification prescribing**.
Detoxification, in dependent opiate users is "a clearly defined process supporting safe and effective discontinuation of opiates while minimising withdrawals. The duration of opioid detoxification should normally be up to… 12 weeks in a community setting[8]"

5.22. Prescribing will take place within a context of wider care planning objectives, individual patient recovery outcomes and milestones in which the co-existing physical, emotional, social and legal problems are addressed.

5.23. Procedures must be in place to ensure continuity of prescribing in the event of absence of the lead GP with training in drug misuse.

5.24. Prescriptions should normally be issued following face-to-face consultations with the GP/Primary care team/drug treatment system practitioner. The prescribing GP/Primary care team should be seeing the patient on an agreed frequency as outlined in the joint working protocols (Appendix 4). Exceptions to this will take into account any identified risk factors.

[5] Camden Drug Misuse and Dependence Guidance http://www.camdenccg.nhs.uk/gps/prescribing-guidelines
[6] Medications in Recovery: re-orientating drug dependence treatment, National Treatment Agency 2012 http://www.nta.nhs.uk/publications.aspx?category=Drug+treatment+guidance
[7] Medications in Recovery: best practice in reviewing treatment, 2013 http://www.nta.nhs.uk/publications.aspx?category=Drug+treatment+guidance Public Health England publications gateway number 2013350
[8] NICE Drug Misuse Guidance (CG52) Opioid Detoxification, 2007 http://www.nice.org.uk/guidance/CG52/chapter/1-Guidance section 1.3.2.2

6. Successful Completion of drug treatment

6.1. The successful completion of drug treatment is the key public health indicator for drug treatment systems since April 2013.

6.2. The drug treatment indicator is based on the number leaving treatment free of their drug of dependency, who do not then re-present to treatment again within six months, expressed as a proportion of the total number in treatment.

6.3. Camden will incentivise successful completions see section 0

7. Policies and procedures

7.1. An accurate and up to date register of patients receiving treatment for opioid drug treatment, will be maintained by the practice. Practices must be able to produce this register on request.

7.2. The practice will adopt the drug treatment system joint working protocols (see Appendix 4) and utilise prescribing policies set out by the clinical commissioning group for the care of drug users in primary care.

8. Relationships with other service providers

8.1. Practices will maintain links with local pharmacies, drug treatment services, social services (including Safeguarding) and local mental health and clinical health teams, as appropriate

8.2. The practice will be offered practical and clinical support to deliver this LCS as outlined in sections 2.2 and 4.3 as appropriate.

8.3. If GPs have concerns about destabilisation of patients, a pathway enabling rapid transfer back into the drug treatment system will be in place for all GPs/primary care teams participating in this LCS delivery.

9. Provider Eligibility

9.1. Practices will be eligible to provide this service if they fulfil the following headline criteria (full details under Appendix 2) :

- Development and maintenance of a practice ‘register’
- Lead GP competency and professional development

10. Evidenced Activity data collection & Quality monitoring

10.1. Local data collection mechanisms and quality monitoring requirements will apply (see Appendix 1).

10.2. Performance data will be collated quarterly using the Clinical Commissioning Group provided Opioid Drug Misuse LCS template for activity monitoring and measuring of quality indicators.

10.3. Practices will be advised on their progress at the end of each quarter through an individual feedback report containing the drug misuse balanced scorecard results (see scorecard methodology Appendix 6). Practices will be expected to take appropriate action

for the following quarters monitoring data extraction and show improvement, where appropriate.

10.4. Practices will be expected to provide audits as required by the commissioner.

10.5. National Drug Treatment Monitoring System (NDTMS) submission will be undertaken by the drug treatment system for patients seen for psychosocial interventions under this LCS agreement (as outlined in sections 2.2 and 4.3). For further information please e-mail Lisa Luhman (Lisa.luhman@islington.gov.uk) or telephone 020 7527 1774.

11. Pricing

11.1. Camden registered patients seen for a prescribing intervention for opiate drug misuse treatment (section 4) will award the primary care team a payment per patient per annum of £465.00.

11.2. Providers will be paid an upfront aspiration payment of 60% of the total annual payment per patient (£279) identified in the practice register as receiving treatment under this LCS. This aspiration payment (not target linked) will be based on the patient register numbers at end quarter 1 within year.

11.3. Practices will be paid the remaining 40% payment (maximum £186 per patient), which is target linked at the end of the year (following quarter 4 patient register extraction) subject to satisfactory completion of the performance monitoring targets. The payment will be calculated from the number of patients receiving opioid drug misuse treatment for which the target has been achieved (excluding those which have been exception reported). Payment will be calculated against each of the relevant treatment intervention targets, each relevant target will be equally weighted (see Table 1 below):

Table 1: Treatment Outcome Target Payments

	Maintenance/Reducing dose prescribing = 4 targets * (Quality indicators 1- 4)		**Detoxification = 3 targets **** (Quality Indicators 2, 3 & 4)	
Quality Indicator	**Relevant Quality Indicator**	**£ payment per patient per target** (£186.00/4 = £46.50)	**Quality Indicator**	**Relevant Quality Indicator** (£186.00/3 = £62.00)
1	✓	£46.50	✓	£62.00
2	✓	£46.50	✓	£62.00
3	✓	£46.50	✓	£62.00
4	✓	£46.50	x	x

***Maintenance/Reducing dose payment** Total amount available = £186.00 per patient. Divided by 4 quality indicators = £46.50 per patient per quality indicator/target

**** Detoxification payment** Total amount available = £186.00 per patient. Divided by 3 quality indicators = £62.00 per patient per quality indicator target

Maintenance/reducing dose Payment Example - A practice treated 30 maintenance/reducing dose patients under this LCS in the last year. The maximum payment the practice can achieve via the quality indicator targets is £5,580.00 (£186.00 x 30 patients). In this example the practice reports the following patient numbers (Table 2) against each quality indicator. The total payment is calculated based on the number of patients for which the target is achieved.

Table 2: Quality indicator patient numbers and payment achieved

Quality Indicator (% target)	**Number of Patients** (% of target population)	**Payment achieved** (number of patients x payment £46.50 per target – see table 1)
1 (100%)	25 (83%)	£1,162.25
2 (100%)	23 (77%)	£1,069.50
3 (80%)	13 (54%)	£604.50
4 (100%)	29 (97%)	£1,348.50
TOTAL PAYMENT		**£4,184.75**

Detoxification Payment Example - A practice treated 3 detoxification patients under this LCS in the last year. The maximum the practice can achieve via the quality indicator targets is £558.00 (£186.00 x 3 patients). The total payment is calculated based on the number of patients for which the target is achieved (table 3 below):

Table 3. Working out the total payment- Detoxification Example

Quality Indicator (% target)	**Number of patients** (% of target population)	**Payment achieved**
1 (100%)	2 (67%)	£124.00
2 (100%)	3 (100%)	£186.00
3 (80%)	2 (67%)	£124.00
4 (100%)	Not applicable	Not applicable
TOTAL PAYMENT		**£434.00**

11.4. **Successful completion additional incentive payment** An additional 10% of the total payment available (£46.50) will be paid to the practice for each patient who successfully completes opioid drug treatment as defined in section 6.2 resulting from a prescribing intervention delivered through this LCS. The incentive payment will be paid at financial year end following the six month non re-presentation to treatment period. Data to verify successful completions will be extracted mid-year (end of Q2) to capture patients who successfully complete within the last 3-4 months of the financial year (first mid year extraction Oct 2016), and at year end (end Q4).

11.5. This incentive payment should not prevent patients from re-presenting for treatment under this LCS within the six month period should they relapse on opioid drugs.

11.6. Following a patients re-presentation to treatment, the practice is required to re-enter the 9k5 Drug Misuse _ Enhanced Services Administration code and the relevant prescribing intervention codes for maintenance / reducing dose prescribing / detoxification (as outlined in Appendix 1) to ensure a re-activation of payment for patients who re-present for treatment under this LCS.

Appendix 1: Camden Evidenced Activity & Quality Monitoring

	Quality Indicator	How it is measured by MIQUEST / EMISWEB	Read code	Target (% of patients)	Frequency of monitoring	Exception Report
1	Healthcare review of all opioid drug using patients treatment using template provided *All patients including detoxification patients should have a healthcare review completed by the end of the treatment period or within year whichever is earlier*	• Urine drug Test: % of patients with Urine Drug Levels in the last year	46Q1 No drug found in urine 46QB0 - Urine methadone negative 46QB1 - Urine methadone positive 46Qr0 - Urine buprenorphine negative 46Qr1 - Urine buprenorphine positive 46QL0 - Urine opiate negative 46QL1 - Urine opiate positive 46QJ - Urine codeine level 46QK - Urine dihydrocodeine level 46Qm - Urine morphine metabolite level 46Q50 - Urine amphetamine positive 46Q51 - Urine amphetamine negative 46Q80 - Urine benzodiazepine negative 46Q81 - Urine benzodiazepine positive 46QA0 - Urine cocaine negative 46QA1 - Urine cocaine positive 46QM0 - Urine cannabinoid negative 46QM1 - Urine cannabinoid positive 46Qa - Urine methylamphetamine level 46Q9 - Urine barbiturate 46Qu - Urine ketamine level	100%	Annual	Yes (Where patient commenced prescribing treatment within the last quarter of the reporting period)
		• Injecting/non-injecting drug users: % of patients designated as “injecting”/”previously injecting”/”never injecting” drug users in their record in the past year	13c0 Injecting 13c2 Never injecting 13cJ Previously injecting			
2.	Blood borne virus (Hepatitis B & C) screening Practices will be expected to screen, vaccinate and refer to	• Hepatitis B screening: % of patients with a code suggestive of hepatitis screening in their record (ever).	43B2 Hep B immune 43B6 Hep B non immune ZV02B [V] Hep B Carrier A703 Viral (serum) hep B A7070 Chronic viral hep B with delta-agent	100%	Q2 & Q4	No

Appendix 1: Camden Evidenced Activity & Quality Monitoring

	Quality Indicator	How it is measured by MIQUEST / EMISWEB	Read code	Target (% of patients)	Frequency of monitoring	Exception Report
	specialist hepatology where indicated /accepted. *(Clinical records should reflect patient status even if the patient received screening and immunisation at another service).*		A7071 Chronic viral hep B without delta-agent 8I3u Hep B screening declined 8I2e Hepatitis B vaccination contraindicated 65F1 1st hep B vaccination 65F2 2nd hep B vaccination 65F3 3rd hep B vaccination 65F4 Boost hep B vaccination 65F6 4th hep B vaccination 65F7 5th hep B vaccination 65FM 6th hep B vaccination 68Nm No consent for hep B vaccination			
		• Hepatitis C screening: % of patients with a code suggestive of hepatitis screening in their record (ever)	6829 Hep C screening 9Op1 Hep C screening offered (2nd character is a letter "Oh") 8I3v Hep C screening declined ZV02C [V]Hep C carrier (3rd character is a number "zero") A70z0 Hep C (3rd and 5th characters are "zeroes") A7072 Chronic Viral Hep C (3rd character is a number "zero") 8Hk5 Referred to hepatology service			
3	Care plan review using the National Treatment Agency (NTA) Treatment Outcome Profile (TOP) tool on a six monthly basis (where patient has given consent)	• % of maintenance patients with "substance misuse care plan agreed/reviewed" in their record in the last year *All patients including detoxification patients should have a TOP completed at the end of treatment*	9HC2 Substance misuse clinical management plan agreed 9HC3 Substance misuse clinical management plan reviewed 9HCA Substance Misuse monitoring 6 month review	80%	Q2 & Q4	Yes (Where patient commenced treatment within the last two months of

Appendix 1: Camden Evidenced Activity & Quality Monitoring

	Quality Indicator	How it is measured by MIQUEST / EMISWEB	Read code	Target (% of patients)	Frequency of monitoring	Exception Report
						the reporting period)
4	Health and Wellbeing outcomes and milestones achieved	• % of maintenance patients with 1. goals discussed AND 2. goals achieved in their record in the last year	67L2 Identifying personal goals **AND** either one or both of the following: 8CMX – Review of patient goals 67L0 - Goal achieved;	100%	Q2 & Q4	No
5	Successful Completion of drug treatment incentive (where a patient successfully completes treatment within the last 3-4 months of the financial year, this data will be extracted during the following mid-year reporting)	• the number of patients leaving treatment free of their drug of dependency, who do not then re-present to treatment again within six months.	8FB0 - Drug detoxification programme completed	n/a	Q2 & Q4	No

Additional Required Read codes

This code creates the practices patient register and needs to be added EACH TIME a patient is seen and treated under the LCS:

9k5 – Drug Misuse – Enhanced Services Administration.

If a patient Does not Attend an appointment:
Add the code **9k5,** *plus* one of the following codes**:**
9N41 Did not attend - reason given
9N42 Did not attend - no reason

Shared Care / Care Predominantly by Practice (needs to be added at least once)**:**
9NN6 Under Care of GP
8BM5 Shared Care Prescribing

Maintenance
8B2P - Drug addiction maintenance therapy – methadone
8B2Q - Drug addiction maintenance therapy – buprenorphine

Reducing dose prescribing
One of the above maintenance read codes PLUS
8B3A4 - Drug dose reducing regime

Detoxification:
8BAd Opiate dependence detoxification
8B2N Drug addiction detoxification therapy - methadone
8B2R Drug addiction detoxification therapy - buprenorphine

Pharmacy Information
9k53 Pharmacy attended for drug misuse - enhanced services administration (free text indicating which pharmacy being used by client)

Successful Completion of drug treatment incentive
8FB0 - Drug detoxification programme completed

Appendix 2: Provider Eligibility - Required evidence

1.1 Development and maintenance of a practice 'register'

- The practice will develop a register or other system for identifying patients with an opioid drug misuse problem using the agreed codes
- The practice will identify those patients receiving treatment under this LCS in this practice register and through the agreed Read codes.
- Numbers collated in Quarter 1 of the year will provide baseline aspiration numbers. An end of year reconciliation will be completed following Quarter 4 patient registration and quality indicator extraction through EMIS WEB.

1.2 Competency and professional development

- The practice should nominate a lead GP/primary care team member to attend the appropriate RCGP Certificate course, as a minimum this is the RCGP Certificate in the Management of drug use in Primary Care Part 1.
- This lead practitioner should demonstrate ongoing continued professional development (CPD) in the area of substance misuse and associated health (minimum of 3 hours per annum)
- The nominated lead practitioner will disseminate relevant substance misuse and associated health information to the team
- Joint meetings (as a minimum every three months or equivalent) with the drug treatment system support workers for the purpose of discussing patients
- At least one substance misuse educational/training seminar component per year (to fulfil CPD requirements as above).
- The nominated lead practitioner will ensure the safety and training of clinical and non-clinical staff is maintained.

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Camden and Islington NHS

NHS Foundation Trust

Appendix 3

Developed in Partnership between Camden and C&I

Joint protocol for working with opioid drug users in primary care and the drug treatment system provider in Camden

Triage Assessment

- Usually at Camden Drug Services but where appropriate can be arranged at the GP practice.
- NDTMS consent obtained and completed by drug treatment system recovery worker.

Commencement of opioid substitute medication

- Usually at Camden Drug Services but where appropriate can be arranged at the GP practice.
- Recovery Care Plan and Treatment Outcome Profile (TOP) to be completed with patient
- Letter to GP by assessing doctor if commenced at Camden Drug Services
- Dose titration at Camden Drug Services or if appropriate at GP practice
- Drug Urine Screening
- Weekly appointments (more frequent if clinically indicated) during treatment induction
- When dose titrated (usually 4-6 weeks) recovery worker to discuss and agree patient transfer to GP (unless already being seen in primary care).

Start of Treatment in primary care

- Transfer to primary care agreed within 12 weeks of commencement on opioid substitute medication.

Treatment In Recovery

- Recovery worker to agree treatment recovery care plan with patient and GP.
- Recovery worker and GP to agree frequency of appointments – usually alternate face to face consultations.
- GP responsible for assessing risk and reducing transmission (through screening and vaccination) of Blood Borne Viruses, where clinically indicated.
- GP responsible for annual drug screen testing. Recovery workers to do random urine drug screens a minimum of once every 3 months.
- Full annual healthcare review of all opioid drug using patients treatment (using template provided) by GP
- Joint meetings (as a minimum every three months or equivalent) between the GP and drug treatment system recovery worker for the purpose of discussing patients.
- Recovery worker to review the recovery care plan (including health and wellbeing goals) with patient every 3 months.

Mental Health Review

- GP to refer to Camden Substance Misuse (drug and alcohol) Services for mental health / psychiatric assessment when necessary and agreement to transfer back to specialist services when appropriate.

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Appendix 4 Recovery Care Plan Record *(including health and wellbeing)*

Care Plan Record

Camden and Islington NHS Foundation Trust

South Camden Drug Services
The Margarete Centre
108 Hampstead Road, London, NW1 2LS
Tel: 020 3317 6000, Fax: 020 3317 6363

North Camden Drug Services
Daleham Gardens Medical Centre
5 Daleham Gardens, London, NW3 5BY
Tel: 020 3317 6400, Fax: 020 7813 8749

Camden Specialist Alco Service (CSA
7-8 Early Mews, Londo
Tel: 020 3227 4950, Fax:

Name _____ Date of Birth _____ Date _

Signature _____ Key-worker _____

Strengths & Resources

(Examples)
SOCIAL - Supportive partner, family and/or network in recovery and/or with no SMS needs.
PHYSICAL - Financial resources; Safe & secure home; Drug & alcohol-free environment; Stable ETE
HUMAN – Problem-solving skills; Regular nutrition & self-care; Good or improving health; Registered with a GP and acc
healthcare checks; Hopes and goals.
CULTURAL - Participating in drug/alcohol services; Access to community recovery support groups; Completed or compl
legal requirements; Positive community participation; Clear personal values.

Domains of Need

DRUG & ALCOHOL USE
Needs -
Risks –
Goals –
Interventions & Action Plan -

EMOTIONAL/MENTAL HEALTH
Needs -
Risks –
Goals –
Interventions & Action Plan -

PHYSICAL HEALTH
Needs -
Risks –
Goals –
Interventions & Action Plan -

ACTIVITY
Needs -
Risks –
Goals –
Interventions & Action Plan -

HOUSING & FINANCE
Needs -
Risks –
Goals –
Interventions & Action Plan -

LEGAL SITUATION
Needs -
Risks –
Goals –
Interventions & Action Plan -

PERSONAL/SUPPORT
Needs -
Risks –
Goals –
Interventions & Action Plan -

RE-ENGAGEMENT CONTINGENCY PLAN
Interventions & Action Plan –

Appendix 5 Treatment of Outcomes Profile (TOP) - TOP will be reviewed with individual clients every six months following the initial assessment, and when client is exiting treatment. TOP cycle should coincide with the clients overall care plan cycle. Drug treatment services will submit TOP data for patients seen under this LCS and the joint protocol of shared care working with the incumbent drug treatment provider C&I. Please contact Johanna Tuomi-Sharrock (johanna.tuomi-sharrock@camden

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Treatment Outcomes Profile

Client ID | D.O.B. (dd/mm/yyyy) | Name of keyworker

TOP interview date (dd/mm/yyyy) | Gender: M ☐ F ☐ | Treatment stage: Modality start ☐ Care plan review ☐ Discharge ☐ Post-discharge ☐

Section 1: Substance use

Record the average amount on a using day and number of days substances used in each of past four weeks

	Average		Week 4		Week 3		Week 2		Week 1		Total	
a Alcohol		units/day		0–7		0–7		0–7		0–7		0–28
b Opiates		g/day		0–7		0–7		0–7		0–7		0–28
c Crack		g/day		0–7		0–7		0–7		0–7		0–28
d Cocaine		g/day		0–7		0–7		0–7		0–7		0–28
e Amphetamines		g/day		0–7		0–7		0–7		0–7		0–28
f Cannabis		spliff/day		0–7		0–7		0–7		0–7		0–28
g Other problem substance?		g/day		0–7		0–7		0–7		0–7		0–28

Name.....

Section 2: Injecting risk behaviour

Record number of days client injected non-prescribed drugs in past four weeks (if no, enter zero and go to section 3)

	Week 4		Week 3		Week 2		Week 1		Total	
a Injected		0–7		0–7		0–7		0–7		0–28

b Inject with needle or syringe used by someone else?	Yes ☐	No ☐		Enter 'Y' if any yes, otherwise 'N'
c Inject using a spoon, water or filter used by someone else?	Yes ☐	No ☐		

Section 3: Crime

Record days of shoplifting, drug selling and other categories committed in past four weeks

	Week 4		Week 3		Week 2		Week 1		Total	
a Shoplifting		0–7		0–7		0–7		0–7		0–28
b Drug selling		0–7		0–7		0–7		0–7		0–28

c Theft from or of a vehicle	Yes ☐	No ☐		Enter 'Y' if any yes, otherwise 'N'
d Other property theft or burglary	Yes ☐	No ☐		
e Fraud, forgery and handling stolen goods	Yes ☐	No ☐		
f Committing assault or violence	Yes ☐	No ☐		Enter 'Y' or 'N'

Section 4: Health and social functioning

a Client's rating of psychological health status (anxiety, depression and problem emotions and feelings)

Poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Good 0–20

Record days worked and at college or school for the past four weeks

	Week 4		Week 3		Week 2		Week 1		Total	
b Days paid work		0–7		0–7		0–7		0–7		0–28
c Days attended college or school		0–7		0–7		0–7		0–7		0–28

d Client's rating of physical health status (extent of physical symptoms and bothered by illness)

Poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Good 0–20

Record accommodation items for the past four weeks

e Acute housing problem	Yes ☐	No ☐	Enter 'Y' or 'N'
f At risk of eviction	Yes ☐	No ☐	Enter 'Y' or 'N'

g Client's rating of overall quality of life (e.g. able to enjoy life, gets on well with family and partner)

Poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Good 0–20

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Appendix 6

Drug Misuse Enhanced Services Balanced Scorecard methodology
For drug misuse, each indicator is allocated a total number of points – maximum 2 points for each indicator, therefore a maximum of 4 points for both indicators. The last column is a weighted average of these.
2 points for achieving "Green"
1 point for achieving "Amber"
0 points for achieving "Red"

Indicator 1 - Title on ES Scorecard: "% patients with blood borne virus (hepatitis B & C) screening".
Colour Coding:
100% : Green
<100% but >80% : Amber
<80% : Red

Indicator 2 - Title on ES Scorecard: "% patients with a care plan review (TOP completion)".
Colour Coding:
>=80% : Green
<80% but >=60% : Amber
<60% : Red

For example if a practice achieved 75% on indicator 1 which gave them 0 points
Plus 69% on indicator 2 which gave them 1 point
Total points = 1.

1 point out of a potential 4 points = Overall percentage of 25%

Appendix 7 Opioid drug misuse LCS Application form

Opioid Drug Misuse Locally Commissioned Service
APPLICATION FORM

SERVICE:	**Opiate Drug Misuse Locally commissioned service**

Name and general practice address

Please outline below how your practice meets, or plans to meet, the eligibility and training criteria described in Section 5 and Appendix 2 of the specification (continue on a separate sheet)

Signed on behalf of the practice
Position
Date

Please return the completed form **esther.dickie@islington.gov.uk**