



It's official, not enough English GPs are in shared care schemes (SCS). Only 20% of GPs are sharing while the NHS wants 30%. With many regions not even out of the starting blocks, **Marion Walker** shares the secrets of Berkshire's award winning shared care scheme.

# He who shares, wins

**T**HIS is a story of primary care for drug users in Berkshire and how, by bringing services together, we improved care and the lives of drug users in our area. In 1999, the Department of Health issued guidelines<sup>1</sup> for involving primary care in drug treatment services. In response, we carried out a full review. The results were disconcerting: primary care services in our area were not coping. GPs and pharmacists had poor information, little support and insufficient training. But above all, GPs were afraid to treat drug users.

A new structure was clearly needed. So we set up a specialist working party to prepare shared care guidelines, in the hope that they could be used as a blueprint for community drug treatment services.

## THE FOURTH WAY

What we came up with was relatively straightforward. The patient undergoes a drug assessment by the Community Drug Team (CDT).

This involves a urine sample, details of the prescribing regime, whether the prescription needs to be supervised and names of both a GP and pharmacist who the patient will see, as well as the named keyworker. Each party is then issued with their own identical copy of the agreement, which they sign with the patient.

Next came the tricky bit. We piloted the scheme in January 1999 and rolled it out across all six Berkshire Primary Care Trusts (PCTs) as a four way (4WA) agreement between drug workers, GPs, pharmacists and the patient.

What we came up with was a winner. Not only does our scheme engage the patient as a partner in

the care programme, they have a real say in the choice of treatment and the detail of the treatment plan. Communication between services has also improved, enabling swift and effective remedial action if needed.

## ISOLATION -- A THING OF THE PAST

Appropriate training and information is now readily available for all participating GPs and pharmacists. Even in single-handed practices, the sense of isolation has been removed, providing a supportive structure with a common end goal – to ensure the best service for the patient.

An integral part of the 4WA is the daily instalment scheme for prescriptions. Pharmacists now dispense and supervise consumption of daily medication for two weeks on one signature from the prescriber. This has a number of benefits:

- The patient is monitored regularly by a health professional, making the workload easier for the

## BENEFITS OF SETTING UP A SHARED CARE SCHEME

- 1 To provide the required support to each health professional group.
- 2 To provide a guide to safe practice for both patients and professionals.
- 3 To gather performance data as required by Drug Action Teams (and later the National Treatment Agency).
- 4 To reduce leakage of prescribed drugs liable to misuse.

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prescriber to manage.

- The risk of drug-related deaths is reduced by regulating the amount of the drug a patient has in his/her possession at any one time.
- To prevent the leakage of the prescribed drug onto the streets.

The instalment-prescribing scheme is used in conjunction with supervised administration. Naturally, some patients may feel constricted or victimised by this procedure. We therefore encourage people to approach a chosen pharmacist before starting treatment to discuss the scheme and identify any potential issues. Pharmacists are supported by the co-ordinator as well as ensuring they have the necessary training.<sup>2</sup>

#### NOT JUST METHADONE

The 4WA was initially set up for methadone but it was soon recognised that to increase effective participation of patients in treatment, and to encourage better access to treatment, a range of treatment options had to be expanded. In 2001, therefore, we included benzodiazepine and buprenorphine (Subutex) in the scheme.

Buprenorphine has its benefits.<sup>3</sup> It is an effective opioid substitute and a good aid to withdrawal. There is also evidence that it can help to reduce cocaine and crack use.

The 4WA for buprenorphine has led to much wider use of the treatment throughout Berkshire and is proving very acceptable to patients and primary care as an alternative to methadone, both in terms of successful detoxification and stabilisation of patients with previous erratic treatment behaviour. Patients welcome the choice, particularly those who are either not suitable for, or do not like, methadone.

4WAs can be useful for benzodiazepines too. They are particularly effective for patients with a history of poly-substance misuse or where their prescribed dose is escalating or they have a history of bingeing. They are also useful with patients who need to have their withdrawal monitored closely.

The withdrawal syndrome for benzodiazepine is unpleasant and potentially dangerous. As a result, in Berkshire we provide a framework for controlling dispensing (and gradual withdrawal).

#### DAILY DIAZEPAM

The introduction of daily instalment-dispensing schemes for benzodiazepines has helped to reduce leakage of prescribed drug and prevent patients from bingeing bulk supplies. This new system, which is not currently possible (in England and Wales) with standard prescription forms, has resulted in more patients being successfully detoxified or at least helping them to take safer control of their prescriptions.

Take 'John' who, previous to the scheme, had repeatedly failed to come off diazepam. As a consequence plans were afoot to organise a detox as an in-patient at the local hospital. We decided to try him on 4WA, providing advice and support for him, his GP and his pharmacist. Under the new scheme, he was able to continue work while successfully detoxifying from diazepam under our daily dispensing scheme. A winner not only for us, but also for 'John'.

## THE COSTS OF SHARED CARE

- Funding has been allocated jointly through SR2000 funding by the six DATs in Berkshire to cover the 4WA co-ordinator salary and on-costs.
- In 2001-02, payments to GPs totaled £54,000 and to Pharmacies for supervised consumption/shared care totaled £83,160.
- With 801 patients being treated on 4WA this averaged at £175 a year per 4WA patient. This does not include the cost of specialist services or prescribed drug costs.
- The number of urine drug screens performed for 4WA patients was 2789 in 2001-02 (a 56% increase on 2000-01). Funding for this was originally from HSC 99 (036) and this has now been transferred to SR2000 funding.
- Multidisciplinary training reached 20% of GPs and 50% of pharmacists across Berkshire. This was funded from HSC 99 (036). Unfortunately, there has been no funding made available in 2002-03 for primary care training. However the Deanery and Wokingham DAT may be awarding some funding for GP and pharmacist training in 2003-04.

#### SHARE THE LIMELIGHT

The Berkshire 4WA has been recognised as a model of excellence by the Department of Health and won the 'best programme for drug dependency' category in the UK Primary Care Best Practice Awards in 2002. In particular we were praised for the innovative work with benzodiazepine and buprenorphine treatment.

As for evidence of our success, there is plenty. Our successes include:<sup>5,6</sup>

- 89% more patients have been treated than before;
- 60% of GPs are involved in shared care of opiate misusers (compared to the DoH target of 30%);
- 74% of pharmacies are involved in shared care and providing supervised consumption.

The scheme has proven so successful we are considering it as a viable option for treating psychiatric patients. Already we used it for treating cases of TB. It is easily applicable to many other diverse patient groups, for example asthma or diabetes. Keep an eye on Berkshire for future successes and expansion of the sharing and daring and winning 4WA. To find out more have a look at Berkshire Substance Misuse Protocol Group (2001) Management and Treatment of Substance Misuse in Berkshire (available from [http://www.berkshire.nhs.uk/mentalhealth/professional/documents/sub%20misuse%20\(complete\).pdf](http://www.berkshire.nhs.uk/mentalhealth/professional/documents/sub%20misuse%20(complete).pdf)) ■

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