**Tower Hamlets General Practices and RESET Treatment Service OST Shared Care Guidelines**

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All Tower Hamlets General Practices are commissioned through THGPCG P-RESET contract with LBTH DAAT to identify and support their patients with problem substance use including Alcohol and provide annual health checks for people on NDTMS. This work is in partnership with RESET Tower Hamlets commissioned Drug and Alcohol Treatment Service. Most practices are already delivering shared care for opiate substitute treatment (OST) as part of their regular in-hour services.

# **Acceptance criteria for RESET Treatment Service OST**

* 1. Ordinarily resident in Tower Hamlets.
	2. Aged at least 18.
	3. Registered with an NHS General Practice located within Tower Hamlets.
	4. Dependent opioid/opiate users, including those who present with additional poly drug use or the common concurrent use of benzodiazepines, psychostimulants, and alcohol.

The following criteria are applied to identify service users who are suitable for treatment in the shared care service:

* 1. Shows motivation to reduce or abstain from illicit drug use and willingness to engage with treatment partners (General Practice Clinician and Prescribers, RESET and Pharmacies)
	2. No severe and enduring mental health issues poorly controlled such that they could affect ability to attend appointments and engage effectively with the service.
	3. No severe alcohol use that could adversely affect prescribed medication or could possibly potentiate unintentional overdose.
	4. There may also be, in addition, service users with significant health issues whereby a shared care joint working approach with primary care will benefit the service user and improve their quality of life. Examples of where this could apply include disability, physical or mental, making access to central services impractical; long term conditions such as COPD needing close monitoring; agoraphobia, palliative care; There may be other services involved in care and clinical management.

# **Role of primary care practice/ GP**

General Practice prescribers would normally have the main clinical responsibility for the patient’s the mental and physical health care including problem substance misuse support and prescribing in association with RESET care coordinators

* 1. In addition to normal clinical care, this work requires assessment resulting in accurate prescription generation and management. Consultations with service user at least monthly with those in Shared Care. (Face to face GP consultations are important to assess physical and mental states and allow engagement. In times of high C19 pandemic or other risk, these remain important and are normally expected to be three monthly or more. Urine testing by sending to RLH laboratory from time to time.
	2. Ensuring all eligible service users are offered their P-RESET Annual Health Check, and associated face to face indicators, including relevant immunisations and for women cytology if due, and provided with a written plan with their own priorities, with a copy to their RESET care coordinator,
	3. Service user reviews in conjunction with care coordinator to an agreed frequency, no less than every 26 weeks for stable patients receiving maintenance prescription, and more often for patients with complex / changing needs.
	4. Maintenance of clinical records with accurate data entry on EMIS always using the substance misuse template, following prescription consultations, clinical/ medical reviews with service users as well as health check documentation.
	5. Good two-way written communication between RESET care coordinator and general practice clinician. This should include from the practice, health check summary and reviews. Where appropriate these should be shared with the lead clinician (addictions psychiatrist) at RESET.
	6. Management of governance procedures relating to prescription security (according to standard general practice procedure)
	7. If service user has missed more than 3 days of prescription, (this may follow request from pharmacy) assessing for loss of tolerance and arranging dosing, which would usually involve providing new prescription for a lower dose and titrating upwards (Please see below for [titrating guide](#_OST_Titration_Guidance)). If the prescriber is concerned it would be useful to contact RESET. If over 14 days, without OST this is considered as dropping out of treatment, so an urgent referral to RESET for assessment and RESTART is needed if the service user wishes to continue.
	8. Ensuring appointments are arranged for follow up.
	9. Sharing contact details with care coordinator and communicating any issues to the care coordinator in person, or otherwise via phone or confidential email or if they are not available RESET treatment team
	10. Meet with care coordinator virtually or in person to discuss cases.
		1. Child protection/ safeguarding and child in need identification, referral, and liaison.
		2. Adult safeguarding reporting identification, referral, and liaison.
		3. Harm minimisation advice including Naloxone. (Normally issued by RESET)
		4. General practice Support and management of health issues which are not substance misuse specific/related as well as those which are. Mental health issues including self-harm and suicidal ideation as well as physical health. This includes support of appropriate vaccination programmes, Hepatitis B and C and HIV screening and referral for treatment as appropriate if not done elsewhere.
		5. Liaising with the Care Coordinator is important if there is concern regarding mental health, alcohol, or other non-opiate drug issues.
		6. Community pharmacy liaison as needed.
		7. Support of appropriate vaccination programme and BBVs, collaborating with RESET as appropriate.

# **Role of Reset Tower Hamlets in shared care**

The Care Coordinator for shared care function includes:

* 1. Key relationships and communication with practice team, practice prescriber/clinician, pharmacist, and service user.
	2. Consultation with service user (F2F unless exceptional circumstances necessitate remote consultation)
	3. Prompt communication to practice including using EMIS records if based in practice, and confidential email. This should include any important issues whether problem or progress and comments on prescribing if appropriate.
	4. Recovery care planning Extended/ structured psychosocial interventions, and supporting access to agencies to support wider identified issues e.g., mental health, mutual aid, housing etc.
	5. Drug and alcohol screening and compliance testing.
	6. Supporting clients who have fallen off prescribing. Liaising with practice prescriber around restart. Referring to RESET if 14 days or over, or if other risks.
	7. When necessary, in partnership with prescriber, relocation of prescribing and opiate/opioid care to central service.
	8. Child protection/ safeguarding and child in need identification, referral and liaison.
	9. Adult safeguarding reporting identification, referral and liaison.
		1. Good liaison with local community pharmacist, including on the issue of compliance with prescribing regimes and updating practice prescriber on this for safety.
		2. Service user information recorded on the RESET information system, CRiiS that is compliant with the requirements of the current National Drug Treatment Monitoring System (NDTMS) dataset and associated guidance.
		3. Completion of Treatment Outcome Profile (TOP) reports and Sub Intervention Reviews to the timetable described by Treatment Outcomes Profile guidance. Updating General Practice clinician if appropriate.
		4. Harm reduction: Support of appropriate vaccination programme and BBVs. Provision and training of Naloxone, safe storage. Needle exchange
		5. Liaising with the GP is important if there is concern regarding mental health. A GP assessment may be useful and a joint referral to ELFT if considered appropriate.
		6. Access to assessment for residential rehabilitation and inpatient detoxification and referral to the RESET funding panel keeping the GP informed.

# **RESET Treatment Service addictions psychiatry role:**

* 1. Initial assessments prior to transfer and when appropriate
	2. Expert clinical consultation and advice to GPs on a case-by-case basis, when appropriate.
	3. Carry out an annual shared care review with P-RESET team and others if appropriate to outline any issues and provide support to deliver a programme of relevant training in identified areas. This may be virtual.
	4. RESET and the Addictions Psychiatrist are not commissioned to provide mental health treatment. Referrals should be made by GPs to ELFT for assessment and treatment as with other patients, where possible in collaboration with RESET.

# **Restarting (< 14 days) OST Titration Guidance** Refer to the online  UK ‘Orange Guidelines 2017’ ‘Drug Misuse and Dependence’ Chapter 4 – Pharmacological Interventions  - ‘missed doses’ covered in 4.6.3.3 page 109 (see end of section) [*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/673978/clinical\_guidelines\_2017.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf)

**What happens if you learn that OST doses have been missed?**

Communication is important, between the prescriber, the pharmacy and the RESET care coordinator and discussion with patient about what happened. Missing odd days points to ongoing drug problems, and review to assess continued suitability for GPSC will be needed.

When consecutive days are missed, consider the risk to the patient of losing tolerance, both to the prescribed OST dose and to illicitly acquired opiates - the raised drug-related death risk following ‘dropping out of treatment’

**The pharmacist should discuss with the prescriber if 3 days are missed and would not be able to dispense if 5 days missed, without a new prescription.**

**Under 14 days, but over 3-4 days**: it will be usually safer to support usually restarting from a lower dose and working up in steps over up to 10days, arranging review of treatment, if possible, face to face.

I**f more than fourteen days have been missed:** People are then considered to have ‘dropped out of treatment’ and be at higher risk. Refer back to RESET centrally to restart treatment with more intensive support if they want this. Explain the danger to their lives if they take opiates/opioids in their usual quantities.

Prescribers at RESET will be able to give advice when needed and it is important to be in close communication with the RESET Care Co-Ordinator and the Community Pharmacist.

# **Prison Release**

* 1. Anyone released from prison should have had a referral directly to RESET on release from prison and there is **not** a general expectation that practices would be taking on prescribing in these circumstances, recognizing that release from prison is a particularly high-risk time, however it may be necessary to liaise with RESET and ensure that hand over from prison services has happened.

# **Hospital Discharge**

* 1. Patients on OST discharged from hospital may not be discharged with OST unlike the rest of their TTAs and special attention to discharge summaries is required to check if OST has been given and for how long and it is the practice responsibility to contact the patient and ensure OST prescription is provided, if necessary, by an experienced prescriber, until review by Reset care coordinator.

# **Useful Contacts (these should be updated if they change ensuring RESET and P-RESET are informed as well as practices)**

P-RESET: Clinical leads and officer. Emails

## **Practice Contact Details**

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| **Networks** | **GP Practice** | **Generic Email Address** | **Bypass Number** |
| NW1 | Mission Practice | THCCG.MissionPractice@nhs.net  | 0208 983 7303 |
| NW1 | Globe Town | THCCG.F84123-WorkFlow@nhs.net  | 0208 983 5820 |
| NW1 | Bethnal Green | THCCG.F84083-Workflow@nhs.net  | 0207 739 0513 or 0207 739 2728 |
| NW1 | Strouts Place | stroutsplace@nhs.net  | 0207 613 2835 |
| NW2 | Albion Health | THCCG.albion-health@nhs.net | 0207 377 2400 |
| NW2 | Spitalfields | thespitalfields.practice@nhs.net  | 020 7650 1921 |
| NW2 | Blithehale | blithehale.healthcentre@nhs.net  | 0207 749 2900 |
| NW6 | XX Place | THCCG.F84122-WorkFlow@nhs.net | 0203 757 0803 |
| NW2 | Health E1 | THCCG.HealthE1@nhs.net | 0207 2471778 |
| NW9 | Goodman’s Field  | thccg.goodmansfieldhealthcentre@nhs.net | 0207 780 5840 |
| NW9 | Harford Health | harfordhealthcentre@nhs.net  | 0207 791 3966  |
| NW9 | City Wellbeing | THCCG.TowerMedical@nhs.net  | 0207 265 5950 |
| NW9 | Jubilee Street | THCCG.jubileestreetpractice@nhs.net  | 0207 780 8004 |
| NW9 | St Katherine Docks | THCCG.skd@nhs.net | 0207 265 0011 |
| NW9 | Wapping Group  | THCCG.F84079-workflow@nhs.net | 0207 481 6198 |
| NW5 | St Stephen’s | THCCG.F84034-workflow@nhs.net  | 0208 980 4222 |
| NW5 | Ruston Street | THCCG.F84030-workflow@nhs.net  | 07804 552 058 |
| NW5 | Grove Road | THCCG.F84055-workflow@nhs.net  | 07543212578 |
| NW5 | Harley Grove | THCCG.F84044-workflow@nhs.net  | 0208 983 9090 |
| NW5 | Tredegar Practice | THCCG.f84696-workflow@nhs.net  | 0208 981 8418 |
| NW6 | Merchant Street | THCCG.F84118-WorkFlow@nhs.net  | 0208 980 2854 |
| NW6 | Stroudley Walk | THCCG.stroudleywalk@nhs.net | 020 8709 4840 |
| NW6 | BBB | THCCG.F84122-workflow@nhs.net  | 0203 757 1701 |
| NW6 | St Paul’s Way | stpaulswaymedicalcentre@nhs.net  | 0207 536 0230 |
| NW6 | St Andrews | THCCG.Y03023-workflow@nhs.net  | 0207 093 6745 |
| NW7 | Chrisp Street | gpadmin.cshc@nhs.net  | 0207 537 1624 or 0207 517 6909 |
| NW7 | Gough Walk | thccg.goughwalk@nhs.net  | 020 7515 4701 |
| NW7 | Aberfeldy | THCCG.F84698-workflow@nhs.net  | 0207 531 0352 |
| NW7 | Limehouse | THCCG.F84054-workflow@nhs.net  | 0207 515 7766 |
| NW8 | Barkantine | thccg.barkantine@nhs.net  | 07538 730 391 |
| NW8 | Island Health | islandhealth.admin@nhs.net  | 0207 510 2520 |
| NW8 | Island Medical | thccg.imc@nhs.net  | 0207 536 7721 |
| NW8 | Docklands Medical Centre | thccg.docklandsmedicalcentre@nhs.net  | 0207 538 5982 |

**Reset Shared Care Contact Details**

**RESET Confidential Email:**resettreatment.th@cgl.cjsm.net **RESET Telephone Number:**0203 889 9510 **RESET TREATMENT SERVICE ADDRESS**: 183 Whitechapel Road E1 1DN
**Please note: ‘cgl.org.uk’ emails are not confidential**

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| --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **If Absent** | **Work Mobile** | **Confidential Email**  |
| **Sundeep Thandi** | Services Manager | RESET telephone | 07827987769   | Sundeep.thandi@nhs.net |
| **Bethany Taylor** | Deputy Service Manager | Sundeep Thandi | 07423110228 | b.taylor20@nhs.net |
| **Lola Fashola** | Care Coordinator (GPSC) | Bethany Taylar | 07423109084 | Lola.fashola@nhs.net |
| **Paul Meader** | Care Coordinator (GPSC) | Bethany Taylar | 07423109233 | PMeader@nhs.net |
| **Perry Tomlin** | Care Coordinator (GPSC) | Bethany Taylar | 07423110079 | Perry.tomlin1@nhs.net |
| **Kristina Rosickaite** | Consultant Addictions Psychiatrist | Bethany Taylar |  | Kristina.Rosickaite@cgl.org.uk |
| **Dr John Mathew** | Speciality Doctor | Sundeep Thandi | 07423109617 | Contact RESET CJSM email above |

* **When emailing patient identifiable information please only use confidential emails. (CJSM, NHS)**
* **If advice is needed for prescribing, please contact RESET.**
* **If you cannot get through to any of the contacts above, please refer to column “If Absent”.**