Service Evaluation of Shared Care Opiate Substitution Therapy

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Objectives

There are two primary aims of this project:

- Aim 1: To assess if shared care opiate substitution therapy meets the UK Guidelines.
- Aim 2: To understand what circumstances cause patients to have their shared care stopped and what the outcomes are for these patients.
- Aim 3: To consider the difficulties of opiate substitution therapy in homeless patients

The educational objectives were primarily based around understanding the process of OST, understanding harm minimisation around substance misuse, withdrawal symptoms and care for homeless patients.

Introduction

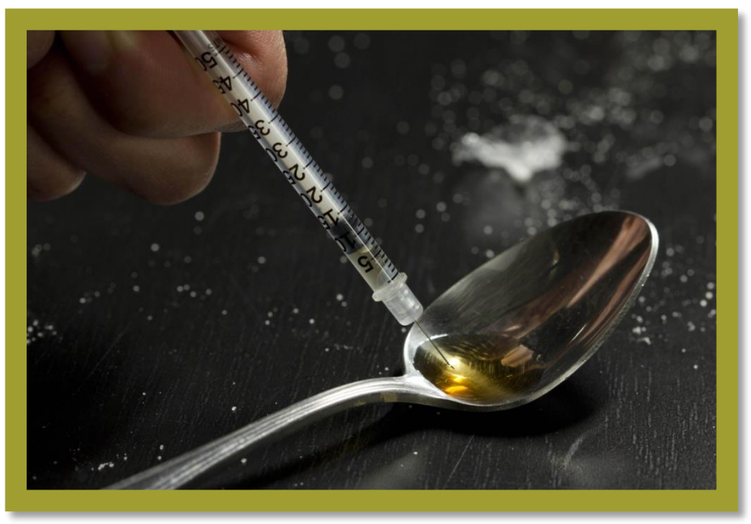
- This project took place in Swansea which had a high rate of heroin related deaths in the UK in 2014- 2016[1]. Heroin is a highly addictive class A drug that acts on opioid receptors to create feelings of well-being and pain reduction, but can cause respiratory depression and occasionally death when overdosed. Heroin use is a common problem in the homeless community.
- In Wales, heroin is the illicit drug leading to the most referrals to specialist care. Opiate substitution therapy (OST) is used as a maintenance and detoxification treatment for heroin dependence. Both methadone and buprenorphine can be used for OST but this project focuses on methadone.
- Shared care for OST was developed to improve access to treatment and help reduce the stigma around substance misuse by managing stable patients in primary care.

Methods

- The project involved observing patients and having discussions with staff in a variety of substance misuse and homeless services primarily in Swansea, but also in Cardiff. This enabled me to learn about the pathway of a patient from initial presentation to being managed on shared care.
- The Drug Misuse and Dependence: UK Guidelines on Clinical Management [2] (also called the Orange Book) and Royal College of General Practitioners guidelines on Substitute Prescribing in the Treatment of Opioid Dependence [3] contain guidance on OST and shared care. After observing GP shared care clinics, examining patient notes and looking at the Swansea GP's shared care template, I compared the service to the guidelines.
- This project also examined what circumstances cause patients to have their shared care stopped. Data was gathered from a sample of 25 patients notes who were previously managed on shared care at a GP practice in Swansea. In addition to this, seven patients' notes from within this sample were studied in depth to gain greater insight, focussing on five key areas:

Five Key Areas of Patients' Notes	
1	History of substance misuse and social factors
2	Methadone dose and how it was taken
3	Misuse of addition drugs whilst on OST
4	Reason for stopping shared care
5	Patient outcome

Figure 1. Five key areas studied in patient notes.



Picture 1. Heroin being drawn up for injection. (image from Google Images)

Results

Aim 1: Shared Care OST Service Evaluation:

- The GP's shared care template was designed in order to apply the UK guidelines systematically as they are high level. The surgery's extensive experience with substance misuse patients and regular interaction with the homeless outreach and mental health nurses, and pharmacies enabled an informed approach. In combination with the template, this approach provided excellent care and fully met the UK guidelines.

Aim 2: Reasons for Stopping Shared Care:

- The management of OST patients is complex, and in-keeping with this, the overarching reason for stopping most patient's shared care was that they become chaotic. This meant they fell into several categories of 'reasons', but only one primary reason was recorded. Data from the 25 patients can be found in Figure 2.

Results (cont.)

Reason	No. of Patients
Abusing other drugs	6
Not attending appointments/pickups	5
Prison	5
Coming off methadone / detoxification	4
Selling dose of methadone	3
Pregnancy	2

Figure 2. Primary reasons why patients' shared care was stopped

- The most common reason was abusing other drugs such as heroin, illicit methadone and benzodiazepines. Patients in this category are unsafe to manage on shared care due to a higher risk of overdose.
- Patients commonly became chaotic (often abusing other drugs, missing pickups, then being arrested for possession of illicit drugs). Being unstable patients, they were not safe to manage on shared care.

Aim 3: Difficulties of OST in homeless patients

- The main difficulties of OST for homeless patients included being surrounded by heroin users (namely in hostels), lack of supportive relationships and having to pick up their dose daily due to lack of safe storage at home.

Key Area of Patients' Notes	Most Notable Features
1	Chaotic backgrounds with themes of bereavement, traumatic childhoods, mental health problems, homelessness and time in prison.
2	Frequency of pickup indicated stability of patient (less stable patients = dose supervised daily).
3	Nearly all patients abused other illicit substances at some point during shared care, often following a distressing event.
4	Mostly due to patients becoming unstable. GPs would try to re-stabilise them but they would often miss appointments meaning this couldn't happen.
5	Extremely varied ranging from detoxification to discharge form specialist teams due to noncompliance.

Figure 3. Most notable features from the key areas of patients' notes

Conclusions

- The most prominent element of this project was the complexity of substance misuse patients and their care. They require experienced staff to manage them effectively which was demonstrated excellently by the shared care clinics and homeless nurses at the Swansea GP surgery.
- The shared care service was limited only by lack of time, resources and input from additional teams. Swansea would benefit from having a dedicated shared care team, linked to specialist services, as in Cardiff, to provide coordination and leadership of GP shared care. This should enhance services and ultimately lead to greater patient safety and satisfaction.

1. More than half of heroin/morphine misuse death hotspots in England and Wales are seaside locations. (2018). *Office for National Statistics*. [online]
2. Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health.
3. Royal College of General Practitioners. (2011) Substitute Prescribing in the Treatment of Opioid Dependence (1st Edition).