

Locally Enhanced Service (LES) for care of patients suffering from Opiate Drug Misuse

Service Level Agreement

PRACTICE

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❖ 1. Financial Details

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

This agreement covers the 12 months commencing 1 April 2007. Practices will receive £1,065.54 annual retainer plus £372.94 per patient per annum.

Annual retainers (where applicable) will be paid at the end of April 2007. Monthly, in arrears, 1/12 of 66 2/3% of the value of aspired activity for the year will be paid to the Practice. The aspired activity must be agreed between the PCO and the Practice based on previous years activity, and any other relevant evidence. A process of reconciliation of actual vs estimated activity will take place at the end of the financial year, and a final payout will be made at the end of April 2008.

Monthly activity figures must be submitted throughout the contract to facilitate monitoring by both parties. If a Practice falls more than 2 months in arrears with activity submissions, aspirational payments will be stopped pending satisfactory monitoring arrangements. At the discretion of the Practice, aspirational payments can be reduced in year, if they feel actual activity is falling significantly below the aspirational level.

Regular, continuous, monitoring will be carried out, on a monthly basis, in order to ascertain the level of activity against all SLAs. If any of the terms of commissioning of any service require to be changed, then 3 months notice will be given.

Estimated Activity from Data Collection Exercise

Annual Number of Patients	
Upper cap on activity	

Payment Verification

Practices entering into this contract must participate fully in the verification process determined by the CHP and NHS Highland. Practices should ensure that they keep proper records to ensure a full and proper audit trail. Practices must be able and willing to evidence service delivery if required/requested by the CHP.

Annual Review of Contract

This contract will be reviewed annually, and will be in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate. Practices will be expected to return to the CHP their end of year evaluation/results, in order to confirm compliance with the contract.

❖ 2. Service Aims

The following elements would need to be in place already for the purpose of this LES:

- an accurate register of patients
- a sequential review as appropriate
- a documented risk assessment by the Practice regarding appropriate safe and secure facilities for the provision of all aspects of the service
- good knowledge of, and effective liaison with, local substance misuse services, pharmacies, social services, including Child Protection and other agencies.

❖ 3. Criteria

❖ Criterion One: Direct Service Delivery

- ❖ Provide supportive treatment to dependent drug users.
This will be with support from, for example, shared care drug service, GPwSI, nurses with specialist interest and specialist providers. It includes the prescribing of substitute (opiate and non-opiate) drugs or antagonists using best practice as outlined in local enhanced service guidelines, or equivalent.
- ❖ a sequential review as appropriate
- ❖ a practitioner providing this local enhanced service for drugs misuse should have the following skills:
 1. **identify and treat the common complications of drugs misuse**

2. carry out an assessment of a patient's drug use, using the SMR24 documentation
3. provide drug information and harm reduction advice
4. test (or refer for testing) for Hepatitis B and C, other viruses including HIV, and offer hepatitis B immunisation to at-risk individuals
5. appropriately refer patients for drug misuse assessment
6. use the range of commonly employed treatment options in consultation/collaboration with Substance Misuse Services
7. be aware of local policies and procedures
8. work in an appropriate multidisciplinary manner

❖ Criterion Two: Data Collection

- ❖ develop and maintain an accurate register of all patients receiving treatment under this specification

❖ Criterion Three: Staffing

- ❖ ensure that all staff providing the LES to patients have the necessary skills and training to do so. This includes continuing training and professional development.

❖ Criterion Four: Liaison/Shared Care

- ❖ good knowledge of, and liaison with, local drug services and other agencies
- ❖ effective links between Practices, local pharmacies, addiction and mental health services and Social Work agencies, including Child Protection.
- ❖ Practices must have knowledge of local drug treatment/detoxification guidelines

❖ Criterion Five: Review/Audit

All practices undertaking this service will be subject to an annual review including:

- ❖ audit of prescribing of substitute medication if appropriate and adherence to the minimum standards laid out by the CHP/shared care monitoring group
- ❖ audit of adherence to prescribing guidelines
- ❖ audit of hepatitis B screening and immunisation data relevant to this population
- ❖ attendance and non-attendance rates
- ❖ review against outcomes

❖ 4. Accreditation

Those doctors who have previously provided services similar to this enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

Several GPs across Highland have now undertaken the RCGP Certificate in the Management of Drug Misuse training course, and have found that this covers all the necessary competency requirements.

❖ 5. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the CHP. Failing that, the Dispute Procedure contained within sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

❖ 6. Variation and Termination of Contract

Any variation to the terms and conditions herein requires to be agreed between the Practice and the CHP.
Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the CHP before any termination takes place.

❖ 7. Signature Sheet

This document constitutes the agreement between the practice and CHP in regards to this local enhanced service.

PRACTICE

Practice Name	Practice Code

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of Community Health Partnership:

Signature	Name	Date

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT