

The summary screen provides a list of the data required for Drug Misuse.

Data required for payment:

Data
Required for Drug Misuse payment:
Drug misuse - On/Off IES
Last drug misuse consultation
SMR
Toxicology test
Hep B immunisation
Required for BBV supplementary payment:
Injecting status
BBV prevention discussed
Hep C testing
Additional data for chronically infected:
Review
Referral status at time of review

The red indicator next to 'Drug misuse – enhanced service' means that this patient has not commenced the enhanced service and therefore not included in your enhanced service claims. Adding the patient to the enhanced service will activate the coloured indicators to let you know the status of the remaining data. Clicking on the red indicator will take you to the screen to record the required read code. If you tick 'Drug misuse – enhanced service commenced' the patient will now be included in your enhanced service claims.

'Last drug misuse consultation'

A drug misuse consultation should be recorded each time you see the patient, and the patient should be seen at least twice during the 6 month data period.

'SMR'. You can record that the SMR assessment was completed and if it was completed on a date other than the consultation date, please use the date picker to the right to record the date of completion. An SMR should be recorded at least once.

'Toxicology test'. This should be recorded at least once each year.

The first four data items above are required to achieve the lower payment level.

To achieve the **higher payment level** you must also record Hep B immunisations.

To fulfil this requirement there must be a record of **one** of the following options at any time prior to the audit period:

- One or more of the options in the Hep B immunisations dropdown.
- or, one or more of the options in the Combined Hep A + B immunisations dropdown.
- or, Hep B immunisation declined.
- or, if we go to the Blood borne virus screen there's an option to record that the patient has had a previous Hep B infection.

N.B: Data required for BBV supplementary payment is covered in a separate Podcast and Crib Sheet.

Best practice data:

Recommended best practice for all patients:

Data
Christo inventory
Patient contract
Superv meth consumption
Drug amnesty form
Prescribing regime
Dependent children
Management plan agreed
BBV prevention discussed

A **Christo inventory** & score should be recorded annually.

A **Patient contract** and the name or names of the clinicians with whom it was agreed, should also be selected.

If **Supervised methadone consumption** has been instigated, this should be recorded along with the number of days supervised. The Lothian guideline recommends a minimum of 2 weeks supervised consumption each year.

A **Drug amnesty** form should be completed.

And the patient's **Prescribing regime** should be recorded as and when it changes.

Whether or not the patient has **Dependent children** should be recorded annually.

A **Management plan** should be agreed and blood borne viruses discussed annually.

HIV status
Hep C antibody status
Hep C PCR status
Hep A immunisation

If there is no record of the patient's **HIV status** they should be offered HIV screening and either the result, or 'HIV screening declined' recorded.

Hep C status should be recorded, and if the result is Hep C antibody positive, then Hep C PCR status should also be recorded. Those patients who are Hep C PCR positive should be referred to specialist services.

There should also be a record of **Hep A immunisations**:
Either the stage of Hep A or Hep A/B combined immunisation.
or, if the immunisation was declined.
or, if the patient had a Previous Hep A infection.

If the patient is no longer being actively treated for Drug Misuse the patient should be removed from the enhanced service by recording the read code 9k50.

The patient will continue to show on your enhanced service claims for the remainder of the current quarter and will then drop off your active register.