9.4 Ways to expand shared care for opiate addicts

Findings Proactively offering specialist support increases GP involvement in 'shared care' was the key finding of a study in the north west of England. The study assessed how many of the clients of a community drug service moved to shared care after their GPs had been invited to enter into joint care arrangements.

The invitation took one of two forms. The first was a letter from the service's manager offering to discuss shared care arrangements and to provide an information session, with a follow-up letter six months later. Case workers also approached GPs about individual clients. The second version also consisted of two letters six months apart, but from the service's primary care liaison worker who offered to meet staff and to provide extensive and continuing support including shared care protocols, patient review clinics at the surgery, help with patients at risk of relapse, and facilitating transfer to shared care. The same worker also assessed and reviewed any of the GPs' patients attending the service. Practices which did not respond were phoned.

50 primary care teams in an area with a low uptake of shared care were randomly allocated to the two approaches. At first none of the clients/patients were in shared care. Twelve months later, this was still the case for clients registered with practices sent the first invitation, but 18 of the service's 75 clients at practices approached in the second way were now in shared care. However, they were registered with just seven of the 26 practices offered liaison worker support.

In context The study supports advice in national guidelines that a liaison worker can facilitate shared care by providing readily available, specialist support, but there is no guarantee that a similar study would produce similar results elsewhere. Engaging GPs is a complex process dependent on the local drug use, primary care and drug service environments. Altering the invitation procedure will have variable results depending on other factors.

Netting just seven practices and 18 patients may seem disappointing, but two out of three of the study's assessors had to concur that shared care was in place, and frequently they disagreed. Conceivably, many more clients and practices were assessed as in shared care by at least one, or might have been agreed on by two if the criteria had differed. Though even at 18 months there was no evidence of this in the study area, elsewhere the enthusiasm and example of a few practitioners has spearheaded a successful drive to recruit local colleagues.

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Practice implications National UK strategies aim to implement shared care in virtually every health or drug action team area and to involve 30% of practices, yet new primary care contracts see drug misuse treatment as an 'enhanced' service which funders can choose whether to fund and practices whether to opt in to. This makes it essential that drug services and health authorities proactively encourage shared care, aided by new, relatively generous payments for GPs.

There can be no universal model for engaging GPs or for shared care, and no substitute for assessing the local situation. Reaching beyond an enthusiastic core can take years of persistently addressing the concerns of GPs. In other areas, once it is clear that they will not be alone and at risk of becoming overwhelmed, GPs quickly come on board. A drug service liaison worker is one common model which the study shows can engage some practices. Elsewhere, primary care authorities have appointed a GP with special interest and experience in the subject who can support other GPs, perhaps including initial assessment and handling complex cases. A step up is to establish a central clinical service whose primary role is to share care with GPs. Where drug services have hitherto been inaccessible, this has worked well because the effect is to take some of the load off GPs rather than asking them take on a load previously left to specialists.

LINKS Nuggets **6.7** **2.9**

Featured studies Dey P. *et al*. "Randomized controlled trial to assess the effectiveness of a primary health care liaison worker in promoting shared care for opiate users." *Journal of Public Health Medicine*: 2002, 24(1), p. 38–41. Copies: apply DrugScope.

Additional reading Substance Misuse Management in General Practice (SMMGP) web site, www.smmgp.co.uk.

Contacts Paola Dey, Centre for Cancer Epidemiology, Kinnaird Road, Manchester M20 4QL, England, Paola.Dey@grover.cce.man.ac.uk.

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