GP CARE METHADONE PROGRAMME

Stephen Lavery and Dr David Stoner

March 2010
Who is Pegasus Health?

- 287 member GPs across Canterbury
- Member of Partnership Health Canterbury PHO
- Gazetted in 2006
- 85 GPs with people on GP Care and Authority
Primary Healthcare Strategy

Significant change in last five years

Enrolled populations

People enrol with their GP

Updated quarterly

Gaining understanding of population
  - Systems level (365,000 people)
  - General practice level (2,000 people)
366,323 people enrolled with GPs

- 303,307 (82.3%) European
- 22,784 (6.2%) Maori
- 12,006 (3.3%) Other
- 8,604 (2.3%) Pacific
Maori Share of Average 2009 Enrolled Population by Age Band
Maori Average Annual Visit Rate, 2009

Maori

All

0 to 4  5 to 9  10 to 14  15 to 19  20 to 24  25 to 29  30 to 34  35 to 39  40 to 44  45 to 49  50 to 54  55 to 59  60 to 64  65 to 69  70 to 74  75+

0.00  1.00  2.00  3.00  4.00  5.00  6.00  7.00

[Graph showing the Maori average annual visit rate compared to all visits for different age groups in 2009.]
Share of Average 2009 enrolled Population by age Band

0 to 4 5 to 9 10 to 14 15 to 19 20 to 24 25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 to 69 70 to 74 75+

PI All
GP Care Methadone Programme

- A collaborate service between Pegasus Health and Christchurch Methadone Programme (CMP)
- Committee works with GPs to transition people who have been assessed by CMP as stable long-term from Authority to Care
- Close collaboration between Pegasus and CMP
GP Care Committee

Provides advice and support to GPs, comprises:

- Pegasus Health Clinical Leader Mental Health
- Three Pegasus Health GPs
- Representatives from CDHB - CADS and CMP
- Pharmacist
- Manager Health Services & project manager
- A consumer representative attends part of meeting to discuss protocols, policies, etc
Objectives

- Provide structured support and follow-up of people on methadone for addiction
- Ensure support & clinical safety of GPs and people on methadone
- Support people back in the community – allow an extra takeaway under special circumstances, eg. work commitments
- CMP zero waiting list - this has been achieved
Person’s journey

Enter CMP’s programme, assessed, supported, stabilised, linked into GP of choice

Transition to GP Authority – GP looks after physical health and prescribing, CMP continues to monitor, review, support

Assessed as stable long term, transferred to sole GP care
Policy manual

- Designed to support GPs by setting out guidelines of practice
- Supports GPs around the prescribing of methadone
- Information brochure sets out people’s rights & responsibilities
Numbers on programme

(Includes deaths, transfers and voluntary withdrawals/counting off)
Demographics

Gender as at year end 2009

Ethnicity as at year end 2009
Since 2005...

- Five people “destablisied” and were transferred back to CMP
- Two people transferred to other areas
- Five people died, none directly related to methadone
- Fourteen successfully ceased taking methadone, none of whom have had to come back onto the programme to date
Success criteria

- All people know the rules of the programme and that they must abide by them
- This protects GPs and people alike
- GPs are willing to participate, with GP numbers increasing from 32 in 2002 to 55 currently – communicate regularly on issues of importance
Results of survey

- **GPs**: 29 responses from of 42 sent
  - 100% felt well supported
  - Would like more autonomy to prescribe

- **People**: 30 responses from 123 sent
  - 100% happy/very happy with their GP
  - Many requested 3 takeaways/week as a given, felt their long-term stability should entitle them to be trusted & rewarded
Case scenario

The problem...

- Person suspected of being on other drugs by partner who contacted GP
- GP requested random urine screen, non-compliance by person
- DNA two appointments
Steps taken

- Committee recommended:
  - GP cancel takeaways, person must consume on premises until clean urine
  - Bring person in to discuss what is happening, do repeat, also consult pharmacist

- Support offered to GP

- Facilitated CMP assessment
Situation development & outcome

- Pharmacist had noticed deterioration
- GP kept close communication with partner
- Person fast-tracked back to CMP for support
- After stabilised was transferred back to GP Care
Lessons

- Good communication is key - even people stable long-term can destabilise quickly
- Important all work together to support and help person get back on track
- Committee supported GP in reinforcing best clinical practice
- GPs in isolation can be vulnerable to people’s pressure – committee support helps
Summary

- Programme is designed to support general practice teams to provide a safe service
- Relationship of trust between person-GP and GP-Committee
- People able to obtain support if danger of becoming unstable/have personal issues, but still remain on GP Care
- Support of the committee engenders confidence of GPs, who are protected from pressure to “break the rules”