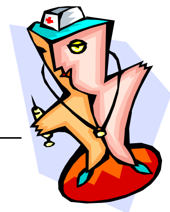
CADS
COMMUNITY ALCOHOL & DRUG SERVICES
Te Wāi Awhina Rongoatia O Tamaki

Information Sheet   Auckland Opioid Treatment Service

14. Shared Care with Your GP



Following a period of ongoing opioid substitution treatment (OST), it is likely that you will be assessed as sufficiently stable to move to Shared Care (see Info Sheet 5: *Ongoing OST* and Info Sheet 6: *Indicators of Stability and Instability*).

This is where your opioid treatment is integrated with your general health care needs. After liaising with and providing training support for your GP, AOTS (the Service) will authorise your GP to prescribe your OST medication. People already prescribed by their GPs say the benefits of going to a GP for continued OST include:

- Receiving a more holistic approach to all your health care needs,
- Having less contact with other clients,
- Greater privacy and confidentiality ("Nobody knows why I'm in the waiting room"),
- Greater convenience with less travel and the option of after-hours appointments.

It also allows the Service to focus on those clients needing more support.

The process of moving to Shared Care

- If you don't have a GP, getting one is a priority (See Info Sheet 20 *Finding a GP*). Usually, you can get a Sunday takeaway dose once you have enrolled with a GP.
- If your usual GP won't prescribe OST for you (for whatever reason) tell your key worker; you may need to enrol elsewhere. Your key worker can help.
- When you, your clinician, and AOTS doctor feel the time is right preparations will start for your move to Shared Care. You will need to ask your GP if s/he would be willing to prescribe OST for you. You'll probably begin collecting your AOTS prescriptions each month.
- The AOTS doctor writes to your GP, explaining the Shared Care process.
- If your GP has not prescribed OST locally before, your key worker will arrange an introduction to prescribing at the GP's practice rooms so the transition works well for you and for your GP. Your GP must get a *Letter of Authorisation* and copy of your current script from AOTS before prescribing for you.
- Your key worker will attend the first appointment with you and your GP and give you and your GP a treatment summary, which includes your dispensing arrangements, their contact details, and anything else relevant to your treatment plan.
- You, your key worker and your GP sign the Shared Care Agreement which details each person's roles and responsibilities. (Your dispensing pharmacist might also get a copy of the Agreement.)

After your move to Shared Care, AOTS will:

- Be available to support, assist and advise you, even though your GP is prescribing (for example, if you or your GP have concerns or queries or need assistance with things like overseas travel)
- Maintain contact with your GP and the pharmacist. At least once every 6 months the key worker will contact your GP and pharmacist to hear how your treatment is going.

(Contd. over page)

Also available:

1. Opioid treatment with AOTS
2. Facts about methadone
3. First methadone dose and stabilisation
4. Accidental overdose
5. Ongoing Opioid Substitution Treatment (OST)
6. Indicators of stability
7. Clinical tests: blood, urine, etc.
8. Restabilisation
9. Pharmacy dispensing
10. Changes to prescriptions
11. Holiday arrangements within NZ
12. Travelling overseas
13. Methadone takeaways
14. Shared Care with your GP
15. Thinking about coming off?
16. Involuntarily withdrawal
17. Pregnancy and opioid treatment
18. Methadone and medication interactions
19. Driving and OST
20. Finding a GP

Facts about buprenorphine (Suboxone®)

Suboxone® treatment with CADS

- Arrange any urine screens as discussed with you and your GP.
- Schedule an annual appointment with you. This is a mandatory appointment but you are welcome to maintain more regular appointments with your key worker if you need their support.
- Support you and your GP if any difficulties arise.
- Resume responsibility for your treatment if necessary (See Info Sheet 8: *Restabilisation*).

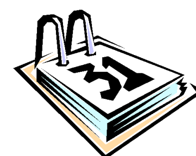
The GP will:

- Prescribe your OST and take care of your general health needs. Shared Care clients say that seeing their GP more often means their other health issues get addressed,
- See you regularly (usually every one to three months but must be at least 3 monthly),
- Provide you with any AOTS information (letters, surveys, etc.),
- Advise the Service if they require additional help (see Info Sheet 8: *Restabilisation*),
- Practice according to National Guidelines and AOTS philosophy, policy and procedures

Information sharing:

- Please note that your GP, pharmacist, AOTS doctor, key worker and perhaps other health professionals involved in your care, will liaise and exchange information relevant to your OST, health and well-being.

What you will need to do:



- **This is really important: keep an eye on the calendar!** You have to know when your next script is due. When your GP becomes your prescriber, you need to arrange and attend appointments with your GP to ensure you have a current OST prescription. If you miss a scheduled appointment with your GP, there won't be any medication for you to pick up at your pharmacy!
- Discuss and arrange the frequency of appointments with your GP. Some GPs like to see their clients monthly, others 3 monthly, so get this sorted with your GP.
- Pay your GP fees (Note: changing an existing script may cost you financially, so do check all potential costs at the GP's practice).
- Complete any clinical tests (urines, blood, etc.) as required.
- Talk to your GP, key worker, or pharmacist if you feel things may be becoming unstable (see Info Sheet 8: *Restabilisation*).
- Talk to your key worker if you encounter problems with your GP.

Please note: moving to Shared Care doesn't generally mean more takeaways. It might however mean your dispensing arrangements become more flexible after consultation between your GP, AOTS doctor and/or key worker.

Need to know more?

If you need more information about Shared Care with your GP speak to your key worker or local AOTS team. For more information sheets, see CADS reception or visit the CADS website - www.cads.org.nz/More/Brochures.asp