Te Whatu Ora

Health New Zealand



AOTS 9. Shared care with your GP

CADS will communicate with your GP, pharmacist, and other health professionals involved in your care about any issues relevant to your OST, health and well-being. After a period of ongoing opioid substitution treatment (OST) most clients will move to Shared Care where their GP takes over the prescribing of your OST meds. More info is available in *OST and You* p.22

The process of moving to Shared Care

If your GP is new to prescribing OST your key worker will arrange an introduction to prescribing at the GP's practice and will probably attend the first appointment with you and your GP. They will provide you and your GP with a treatment summary that includes your dispensing arrangements, their contact details, and your treatment plan.

You, your key worker and your GP sign the Shared Care Agreement. This outlines each person's roles and responsibilities. (Your dispensing pharmacist might also get a copy of the Agreement).

It is a Ministry of Health requirement that your GP gets a Letter of Authorisation and copy of your current script from AOTS before prescribing for you. This Authorisation is regularly updated and may include other controlled drugs.

If you don't have a GP

Some things to consider when looking for a doctor who you get on with and who can meet your needs:

- The best way to find a good doctor is by asking friends, family, neighbours, AOTS key worker or people you trust for recommendations. You don't have to tell anyone the reason you're looking for a doctor. Talk to other AOTS clients. Ideally you want a GP with a reputation for being caring, competent and non-judgmental, someone who is open to working with people engaged in opioid substitution treatment
- One of the tricky things about listening to other people's opinions of their doctors is that it's so subjective: some people like a doctor who has a no-nonsense approach whereas other people will find that manner confrontational and abrasive. What works for one person won't necessarily work for another. That's why it's a good idea to talk to several people and think about the type of doctor you want. Some people choose a doctor close to where they live or prefer one close to their work. For many people a doctor's gender, sexuality, age and/or ethnicity may be important

Usually you can get a Sunday takeaway dose once you are enrolled with a GP.

If you do have a GP but ...

If you are uncomfortable with that doctor prescribing your OST meds — or they won't prescribe - you will need to find a new doctor for your OST prescribing. The problem with this is that having one doctor for your OST and another one for your other health needs will cost you more as you only get subsidised being enrolled with one GP practice

"I've been told they don't do methadone". If you hear this don't be put off; AOTS will look into it with you. However, if AOTS finds that your doctor isn't keen on supporting your OST then you need to find one who will.

The practicalities of finding a doctor

Doctors are listed by area under Registered Medical Practitioners & Medical Centres in the phone book white pages or go online to:

- www.procare.co.nz you can search for a doctor by location
- www.everybody.co.nz click on the "Find a Health Professional' tab and search by area and the GP's interests. Enter 'Auckland' and 'Addictions' in the search and over 50 GPs are listed
- www.healthpages.co.nz

Once you've identified a doctor call their practice and ask if that doctor is taking on patients. If they are you can ask to speak to the GP's nurse: say that you are on OST with AOTS and ask whether this complicates issues. This way you can avoid paying for an appointment that may not work out. Or when you go to enrol add 'opioid substitution treatment' to the 'medications info' section of the enrolment form; this provides the opportunity to talk about OST with the GP. If finding a suitable GP is proving difficult ask your AOTS key worker to help you as they may know of supportive GPs in the area and may accompany you to your first appointment.

After your move to Shared Care AOTS will:

- Be available to support, assist and advise you (e.g. if you or your GP have concerns or queries or need help with things like overseas travel)
- Arrange any urine screens as discussed with you and your GP
- Maintain contact with your GP and the pharmacist at least once every 6 months
- Schedule a mandatory annual appointment with you. You can choose to have more regular appointments with your key worker if you need their support
- Resume responsibility for your treatment if necessary.

The GP will:

- Prescribe your OST, provide you with any AOTS information 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
- Notify AOTS of any changes in dose or takeaway days or pharmacy and advise AOTS if they need advice
- See you regularly (must be at least 3 monthly)
- Practice according to National Guidelines and AOTS philosophy, policy and procedures.

What you will need to do:

- This is really important: keep an eye on the calendar or put a reminder in your phone so you know when your next script is due otherwise there won't be any medication for you at your pharmacy if your script runs out
- Plan for your appointment so you remember to talk about the things that are important to you. CADS covers
 the cost of your OST appointments but you will need to make an appointment separate to this for other health
 needs
- Talk to your key worker if you encounter problems with your GP or you feel things may be becoming unstable
- Complete any clinical tests (urines, blood, etc.) as required and attend your annual AOTS appointment
- 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 sooner rather than later.

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