



AOTS 9. Shared Care: OST and your GP

Throughout your time with CADS your GP, pharmacist, AOTS doctor, key worker and perhaps other health professionals involved in your care will share information relevant to your OST, health and well-being. Most clients after a period of ongoing opioid substitution treatment (OST) will move to Shared Care where their GP takes over the prescribing of their OST meds. For more info see *OST and You p.21-22*

The process of moving to Shared Care

- If your GP has not prescribed OST locally before your key worker will arrange an introduction to prescribing at the GP's practice
- Your key worker will probably attend the first appointment with you and your GP. They will provide you and your GP with a treatment summary which includes your dispensing arrangements, their contact details, and anything else relevant to your treatment plan
- You can take a support person of your choice to the first or any appointment with your GP
- Your GP must get a Letter of Authorisation and copy of your current script from AOTS before prescribing for you (This is a Ministry of Health requirement)
- 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)

Paying for appointments with your GP

- Waitemata DHB pays for 4.5 GP visits per year for AOTS Shared Care clients
- GPs are reimbursed for the visits as they occur. Clients don't need to do anything. It is up to the GP to claim the reimbursement
- If you raise issues outside your OST at the appointment the GP may then charge extra. *The DHB only covers appointments focused on OST*
- If you need more than 4.5 appointments about your OST then you will be charged for the extra ones
- Most clients see their GP every 3 months – in other words 4 times a year – the .5 relates to the time doctors spend writing scripts between those appointments

If you don't have a GP

Getting one is a priority. Usually you can get a Sunday takeaway dose once you have enrolled with a GP.

Finding a doctor who meets your needs and who you get on with isn't always easy. Some things to consider:

- The best way to find a good doctor is by word-of-mouth: ask friends, family, neighbours, AOTS key worker, other AOTS clients or people you trust what they think of their doctors. You don't have to tell anyone the reason you're looking for a doctor. You want to find a doctor who's known to be caring, competent and non-judgmental, someone who is open to working with opioid substitution. There's no point going to a doctor who doesn't agree with OST and who thinks negatively about AOTS clients
- It's a good idea to talk to several people because 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. And think about what matters to you: for many people a doctor's gender and/or ethnicity may be important
- It's recommended that you have only one GP rather than visiting different doctors for different things

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If you have a GP but ...

- You know or suspect your usual GP won't prescribe OST for you (for whatever reason) don't be put off; AOTS will look into it with you. Your key worker may be able to provide support to your doctor re OST prescribing. However, if AOTS finds that your doctor isn't interested then you will need to find another GP
- You are uncomfortable with that doctor prescribing your OST meds you will need to find a new doctor for that purpose. The problem with this is that having one doctor for your OST and another one for your other health needs could end up costing you more as you only get subsidised for the GP's practice that you're enrolled with

The practicalities of finding a doctor

The front section of the White Pages lists doctors by area under Registered Medical Practitioners & Medical Centres or check out:

- www.procare.co.nz which lists about 500 Auckland doctors. Search for a doctor by location
- www.everybody.co.nz Click on the "Find a Health Professional" tab. You can 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 another good website for a GP search

Once you've identified a doctor you'd like to see call their practice. Ask if that doctor is taking on patients; if so ask to speak to the GP's nurse. Say you are on OST with AOTS and need a GP to prescribe OST for you. This way you can avoid paying for an appointment that may not work out.

Or when you go to enrol you can add 'opioid substitution treatment' to the 'medications info' section of the enrolment form. If finding a suitable GP is proving difficult ask your AOTS key worker to help you; 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 and your doctor 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
- Arrange any urine screens as discussed with you and your GP
- Schedule an annual (mandatory) appointment with you though you are welcome to see your key worker more often if you need their support
- Support you and your GP if any difficulties arise and resume responsibility for your treatment if necessary

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 AOTS if they require additional help or advice and practice according to National Guidelines and AOTS philosophy, policy and procedures

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What you will need to do

- **This is really important: keep an eye on when your script is due.** You need to arrange and attend GP appointments 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! Put a reminder in your phone or add to your calendar
- Ask the practice nurse or GP if they send out text reminders for appointments
- 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
- 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
- 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.

Other AOTS info sheets available

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| 1. Opioid treatment with AOTS | 2. Facts about OST meds | 3. Accidental OD |
| 4. Treatment and recovery planning | 5. Clinical tests | 6. OST at a community pharmacy |
| 7. Managing your scripts | 8. Holidays in and outside NZ: what you need to know | 9. Shared Care with your GP |
| 10. Coming off | 11. Involuntary withdrawal | 12. OST and Pregnancy |
| 13. Driving | 14. Methadone and medication interactions | 15. First aid box |

Also available

OST and You (a client-friendly version of the National Guidelines)

What is opioid Substitution Treatment? Information on OST for family, whanau & support people

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