

JOE TAY
SIGHTHILL GREEN
PRACTICE
EDINBURGH

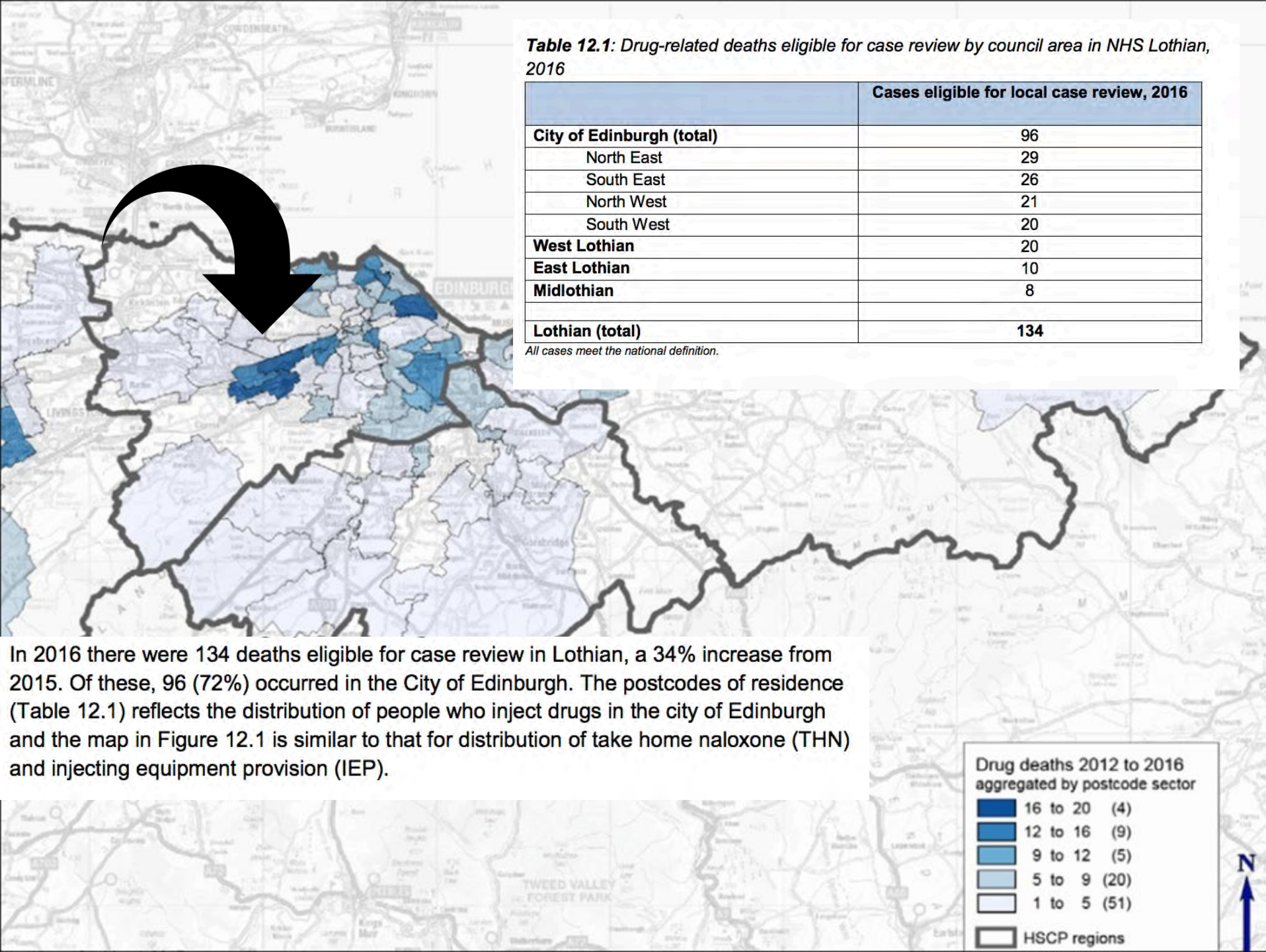


BUILDING ON THE GP ROLE TO PREVENT DRUG-RELATED DEATHS

Table 12.1: Drug-related deaths eligible for case review by council area in NHS Lothian, 2016

	Cases eligible for local case review, 2016
City of Edinburgh (total)	96
North East	29
South East	26
North West	21
South West	20
West Lothian	20
East Lothian	10
Midlothian	8
Lothian (total)	134

All cases meet the national definition.



In 2016 there were 134 deaths eligible for case review in Lothian, a 34% increase from 2015. Of these, 96 (72%) occurred in the City of Edinburgh. The postcodes of residence (Table 12.1) reflects the distribution of people who inject drugs in the city of Edinburgh and the map in Figure 12.1 is similar to that for distribution of take home naloxone (THN) and injecting equipment provision (IEP).

The highest risk group are single, socially isolated, white males with a long term history of poly substance misuse (including alcohol) and an increasing number (72% in 2016) are heroin/morphine related deaths

North West

In 2016, as in previous years, the majority had one or more diagnosed mental health conditions at time of death (80 cases, 60%). The most commonly reported conditions are depression and anxiety (61 cases combined, 46%). In 41 cases (31%) the deceased was known to have attempted suicide at some point during their lifetime. In 34 cases (25%) it was reported that the deceased had engaged in deliberate self harm (excluding non-fatal overdose which is counted separately) at some point during their lifetime. In 2016, as in previous years, the majority had one or more diagnosed physical health condition at time of death (86 cases, 64%). The most commonly reported are respiratory conditions (27 cases, 20%), and hepatitis C (14 cases, 10%).

South East

South West

North West

North East

228 NES PATIENTS IN SIGHTHILL
GREEN PRACTICE

8600 PRACTICE SIZE

2014-2016 AN UNPRECEDENTED SPIKE
IN DRD: 6-7 DEATHS PER ANNUM

South East

South West

Harm Reduction in Edinburgh 2017

Over the past year we spoke to service users, service providers and reviewed a range of routine data sources to determine the health needs of people who inject drugs in Edinburgh. We identified **three overarching needs** and **six recommendations** to improve harm reduction services.

We need...

- More intelligence led services.
- To make the best of all available assets and resources.
- A stronger systems approach to care with more collaborative working.

1 Improve access and retention for opiate substitution therapy (OST)

- Staff in specialist services are generally perceived as helpful and supportive.
- Currently long waits to access OST & low retention mean that a high percentage of clients disengage from services at critical points.
- Up to 80% of treatment is provided by GPs.
 - 58% of people who access injecting equipment provision (IEP) in Edinburgh are also on OST.



3 Reduce missed opportunities for hep C testing and treatment

- NESI 2015-16 reports a rise of 7% in hep C prevalence to 48% since 2013-14.
- 51% of current or ex-injectors referred for hep C treatment at the Royal Infirmary, Edinburgh did not attend their first appointment.



5 Strengthen services for vulnerable groups

- Most at risk of drug related death (DRD) = men, 35yrs+ with a history of opiate/benzo use & not in stable, optimised OST.
 - 26% DRD were people who had been released from police custody within the previous 6 months.
 - 25% of DRD in 2016 were women.
 - 30% of people regularly accessing IEP reported being homeless or roofless.



RECOMMENDATIONS

2 Provide harm reduction as part of all service contacts

- 78% of regular IEP clients **only** access community pharmacies (NEO 2015-16) mainly providing basic IEP services.
- 51% of 475 respondents were prescribed Take Home Naloxone – optimise distribution via hospitals, social care, GPs and pharmacy (NESI 2015-16).
- No formal referral pathway to harm reduction services exist from A&E or acute hospital wards.



4 Improve support for general health and wellbeing

- 24% of people receiving treatment for drug addiction are over 40 years of age and have significantly higher rates of hospital admission for co-morbidities such as hepatitis, mental health, chronic respiratory problems or alcohol misuse.
- In 2016 a co-morbidity was present in 64% of drug related deaths (DRD).



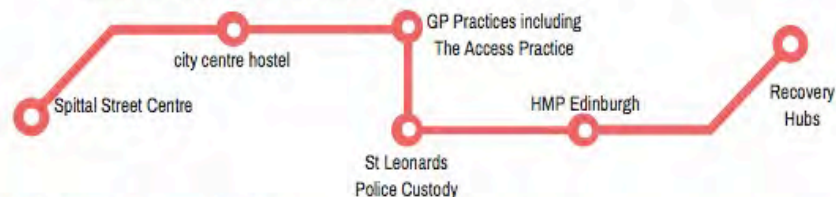
6 Ensure quality improvement across all services

- Agree local service standards.
- Scale up small tests of change.
- Improve the quality of data and feedback to frontline services.



Services for People Who Inject or Have Injected Drugs

We spoke to 29 service users across **6 different settings** in order to learn more about the health needs of people who inject or have injected drugs in Edinburgh. We also met with service providers and reviewed a range of data sources to improve our understanding for this project.



What service users told us...



Some of the difficult things about being on treatment are...

- Long waiting times between assessment and starting methadone
- Coming off methadone
- Asking for clean works if you are still injecting sometimes
- Coping with feeling low and depressed
- Risky times, like coming out of prison
- Missing friends who still inject
- Feeling that some NHS and pharmacy staff treat you as second class

Some of the good things about services are...

- The NHS workers, pharmacy, hub staff and GPs who treat you with respect
- Talking to other people who have been in the same situation, and don't use drugs any more
- Having someone to help you as soon as you get out of prison
- Linkworkers you can work with and rely on
- Help to cope with not having drugs if you are held in police custody
- Having someone to chum you to a first visit to a new service



We also heard...

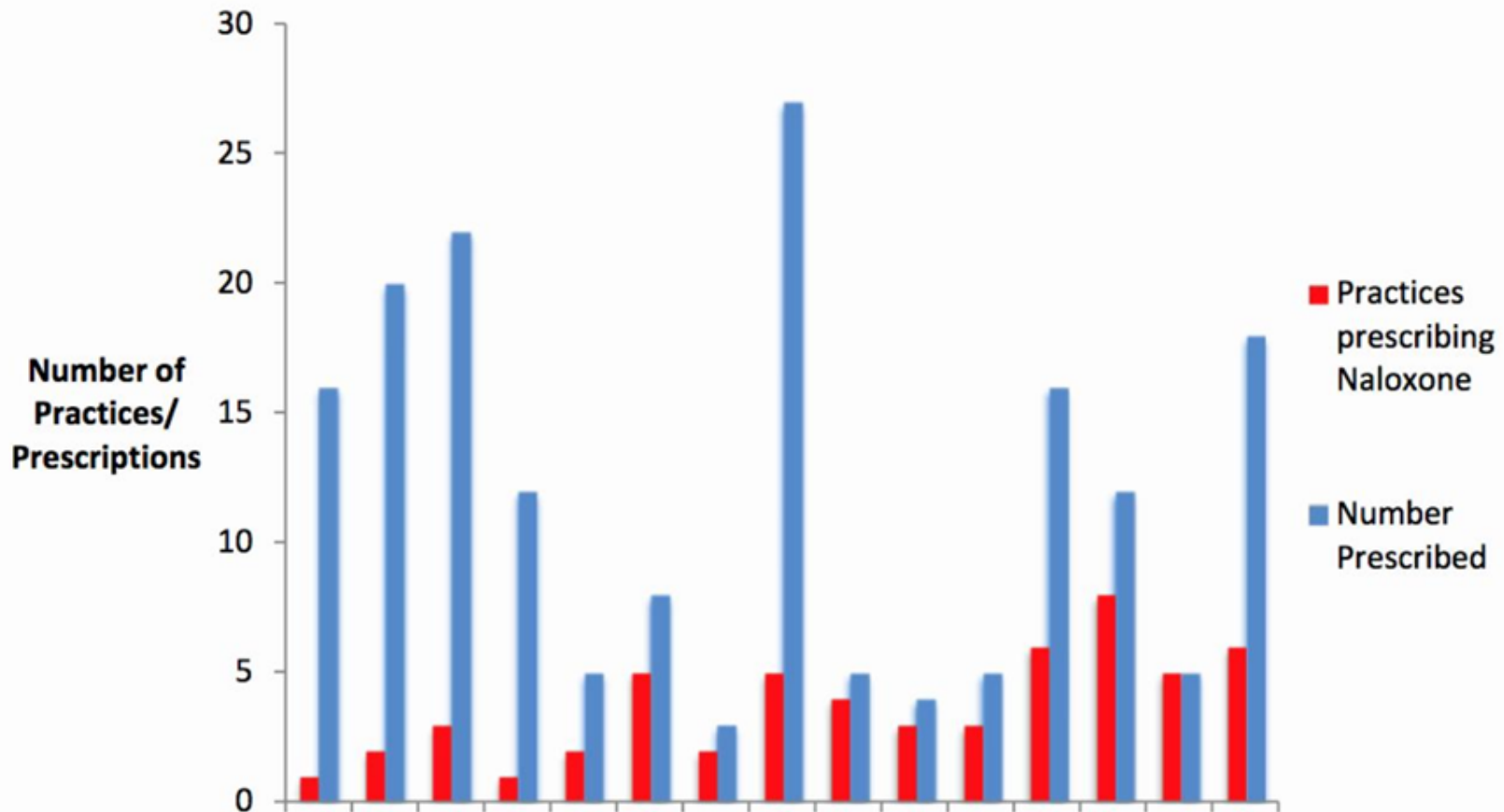
- It's not hard to end up being homeless
- It can feel difficult to go and get help with basic health problems, like injection site wounds
- Help and advice after an overdose needs to be given in the right way



PREVENTION OF DRD: PRIORITIES

- **NALOXONE TRAINING**
- **REDUCING HIGH RISK PRESCRIBING**
- **ADDRESSING CHRONIC PAIN**
- **MAXIMISING CROSS-SECTORAL WORKING**
- **BUILDING THERAPEUTIC RELATIONSHIPS**
- **ADDRESSING CHRONIC CONDITIONS**

A major gap in delivery is primary care. In Edinburgh, up to 80% of opioid substitution therapy (OST) is delivered by GPs through the drug misuse National Enhanced Service (NES) and patients collect prescriptions from community pharmacies. However, currently there is very little THN prescribed in either of these locations, in contrast to other locations in Scotland, such as Glasgow where THN training and kits are delivered primarily by community pharmacists. General practices are beginning to prescribe THN (Figure 8.1) but numbers of kits provided are still very low.



Naloxone Training in General Practice Sighthill Green Medical Practice, Edinburgh

J Tay Wee Teck, D Whitworth, C Nickerson, T Harrison, P Leslie, M Brown, B Phipps

Contact: jae.lay@nhslothian.scot.nhs.uk

AIMS

Scotland has had a national Naloxone programme since 2010 to address it having one of the highest drug related death (DRD) rates in Europe. This programme has been offered through the specialized drug services. The majority of our substance use patients are managed in the practice and do not routinely attend specialized services. A recent increase in DRDs in our catchment area has prompted us to evaluate the uptake of Naloxone training among our patients.

Methods

The practice has 228 patients registered on the substance misuse register. The Vision Plus system was interrogated to identify that 5 patients had prior Naloxone training. The practice decided to initiate a monthly Naloxone clinic to deliver a 15 minute brief intervention to train substance users to deliver first aid and administer Naloxone. The standard set was that 95% of all substance use patients should have Naloxone training. A re-audit was performed on 18 July 2016 (after 7 clinics).

Pre-Intervention: Prior to January 2016



98%

No Naloxone Training

2%

Completed Naloxone Training

After 7 Naloxone Clinics: July 2016



73%

No Naloxone Training

27%

Completed Naloxone Training

"I wish I had known about this 3 months ago, my boyfriend would still be alive"

"I think I know what to do now"

"I don't need this, I'm not a junkie."



"This is the first qualification I've ever had!"

"It's nice to know someone cares"

THREE PATIENTS REPORTED SUCCESSFULLY USING NALOXONE WITHIN THE AUDIT PERIOD

Discussion

While the clinic is well received and effective in increasing Naloxone awareness and training uptake, the organisational and time implications for the practice is significant. The clinic does not receive specific funding; therefore all GPs have agreed to undertake an increased workload to facilitate running a dedicated Naloxone clinic. Strategies such as group training are unlikely to be effective in our setting due to the potential for breaches in confidentiality. A GP was thought to be best suited to provide the training due to high trust levels and the ability to tie the training to the renewal of an ORT prescription.

Conclusions

With only 5 people taking up Naloxone training prior to our intervention, it appeared that the Scottish Naloxone programme may have been ineffective in reaching patients whose substance use is managed in general practice. Our intervention, while labour intensive, has dramatically increased uptake and may be an effective model for this patient group.

NALOXONE CLINIC

NOW
50%

Want help in understanding and controlling your anxiety?

If YES, this group might be for you, over 6 sessions we will support you to better understand how anxiety affects you and your life.

In a small group setting, we help clients to develop coping strategies to better manage both the physical and mental effects of high anxiety levels.

Where?: Venues across the city e.g. Leith, Gorgie, Westerhailes, Tolcross, Howden Street.
When?: Courses run throughout the year with at least one evening course annually. Each course is 1 1/2 hour each week for 6 weeks.

For more information please leave your name and contact details on the answering machine of the number below. A course facilitator will then get in touch with you as soon as possible.

Call **0131 537 8661**



Edinburgh Miscarriage Support Group



Have you had a miscarriage or ectopic pregnancy?

If so it may help you to meet others who have been through a similar experience and can appreciate how you may be feeling.

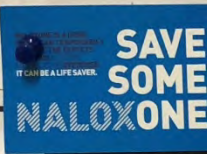
Women who have experienced pregnancy loss are the Edinburgh Miscarriage Support Group - we are not trained counsellors - we are here to provide a safe and friendly environment where you can share your thoughts and feelings.

We meet on the second Wednesday of every month (except July) at 8.00pm in the SANDS Office, Craiglockhart Sports Centre, Tennis Tournament Building, 117 Colinton Road, Edinburgh - please come along.

Alternatively if you prefer you could phone me before coming to the group:-

Contact Nicky on 0131 447 5028

Everything discussed will be in complete confidence.



Sighthill Green Medical Practice DN team-Canal-Cluster

District Nurse: Elaine Torrance 07881 517 448 (works 4 days Per week long days)

Community Staff Nurses Vivienne Walker 07881517484 (works 4 days per Week)

Lella Punton 0778660554 (works 5 days per week)

Bianca Reid 07811989969 (works 3 days per week)

Claire Ellis 07768326904 (5 days per week)

Nursing Assistant: Norma McGeever 07917215040 (works 5 mornings per week, shared with Canal Cluster)

Clerical Assistant: Christine Smith 07798774741 (5 mornings per Week shared with Canal Cluster).

Canal Cluster consists of DN teams Whipark, Westerhailes, Stateford and Tollcross. **Cluster Team Manager is Michelle McKillop 0131 537 7169.**

June	Wednesday	Thursday
Tuesday 5 th 12noon-2:30	6 th 9am to 2:30	7 th 9am to 2:30
12 th 9am to 2:30	13 th 9am to 2:30	14 th 9am to 2:30
19 th 9am to 2:30	20 th Not in	21 st Not in
26 th 9am to 2:30	27 th Not in	28 th 9am to 2:30

July	Wednesday	Thursday
Tuesday 4 th Annual leave	5 th Annual leave	6 th Annual leave
11 th 9am to 2:30	12 th 9am to 2:30	13 th 9am to 2:30
18 th 9am to 2:30	19 th 9am to 2:30	20 th 9am to 2:30
25 th Annual leave	26 th Annual leave	27 th Annual leave



SOUTH WEST RECOVERY HUB

The drop in assessments will operate from:

SOUTH WEST RECOVERY HUB HEALTHY LIVING CENTRE

Wester Hailes Healthy Living Centre, 30 Harvester Way, 0131 453 9448 or 0131 453 9408

Tuesday 10am - 4pm
Wednesday 10am - 4pm
Thursday 10am - 4pm

ELS HOUSE GORGIE ROAD

1st floor 51.5 House, 505 Gorgie Road, 0131 442 2990 or email els@ehap.org.uk

Monday 10am - 4pm
Friday 10am - 4pm



EDINBURGH
YOUR COUNCIL - YOUR SERVICE

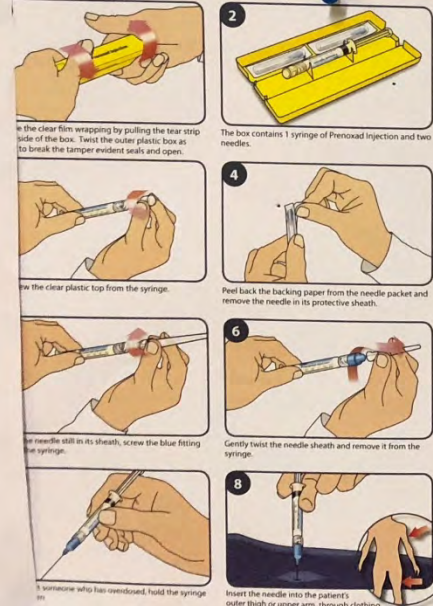
NHS
Lothian

Prenoxad® Injection

embolism and Administration Guide

MARTINDALE PHARMA
Makro lives better

Action on finding a potential overdose



About us

EHAP and the Civil Legal Assistance Office Edinburgh are working together in Edinburgh and Midlothian to help people with housing, money and legal advice issues.

EHAP provides free advice and court representation to tenants and homeowners. Our focus is on helping you keep your home



The Civil Legal Assistance Office Edinburgh - 'CLAOE' - can help people to find a local civil legal aid lawyer to assist, advise and represent people with any civil legal problem including mortgage repossession, evictions and housing & money problems.

If CLAOE cannot find a local lawyer to take a case then a CLAOE lawyer may be able to take the case.

Contact us

For more information or to make an appointment with a lawyer, please contact:
0845 302 4607 www.ehap.org.uk ehap@mail.wh1.org.uk
0131 240 1960 www.clae.org.uk info@prv.alab.org.uk

Date of preparation August 2013
AIB Code: C8704/2013/117

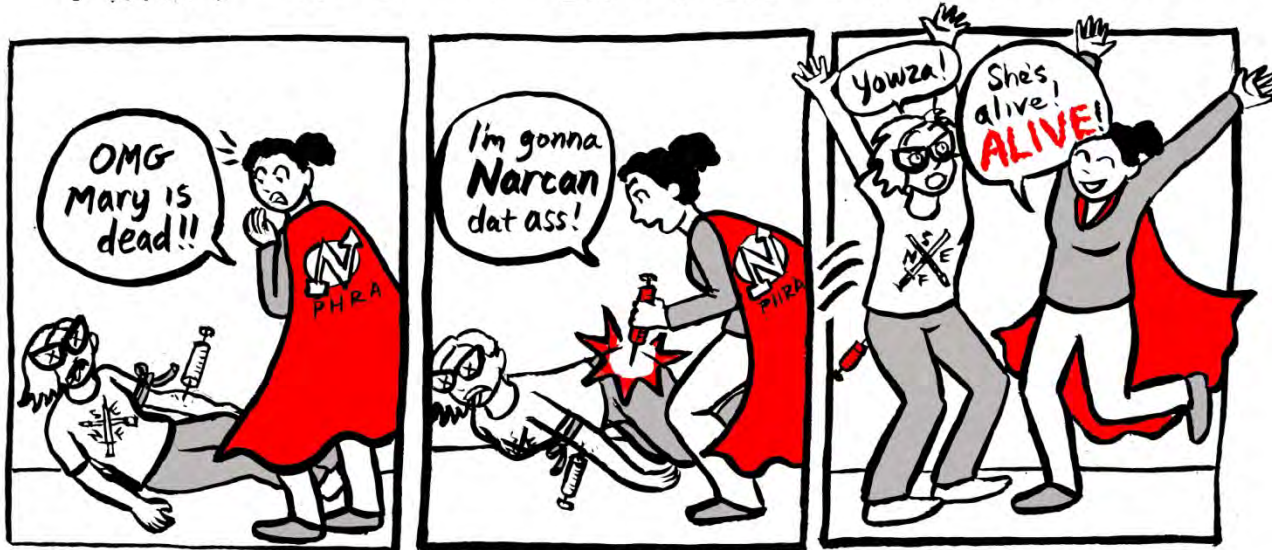
MARTINDALE PHARMA
Bamford Road, Huddersfield, West Yorkshire, HD13 8JG

DO NOT

NALOXONE CLINIC

CAN IT BE DONE IN 10-15 MINUTES: YES!

MARY HAD A LITTLE OVERDOSE



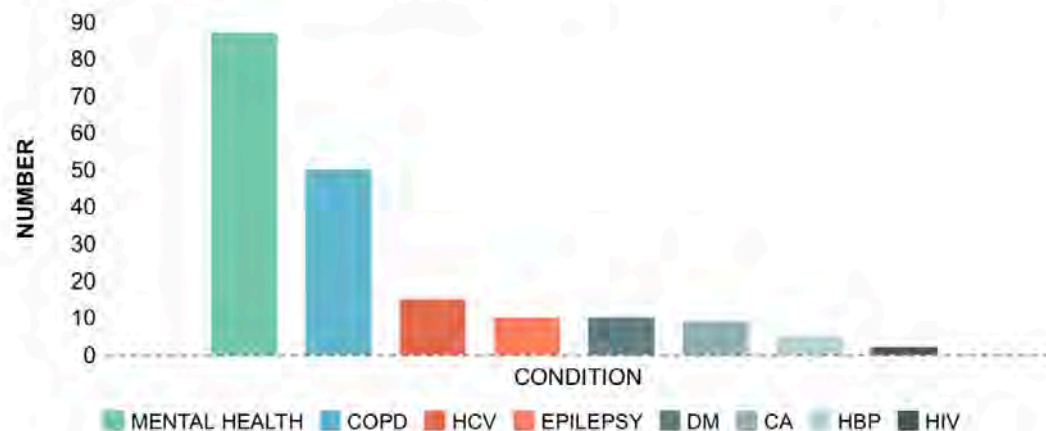
TATIANA GILL

PEOPLE'S HARM REDUCTION ALLIANCE

TRAINING FOR
TRAINERS
COMPULSORY
DEDICATED TIME
HANDLED OUT DURING
TRAINING
ON REPEAT
PRESCRIPTION
APPOINTMENT TIED TO
PRESCRIPTION
CERTIFICATE OF
COMPETENCY

CHRONIC CONDITIONS CLINIC

CHRONIC CONDITIONS AMONG NES PATIENTS



TEST OF CHANGE FUNDING
12 CLINICS, 20 MINUTE APPOINTMENTS
CVSD, DM, COPD SCREENING
CHRONIC CONDITIONS REVIEW, BBV TESTING
AGENDA MOSTLY SET BY PATIENT
PAIN MANAGEMENT

TACKLING CHRONIC PAIN HEAD ON

THE TRUTH ABOUT CHRONIC PAIN

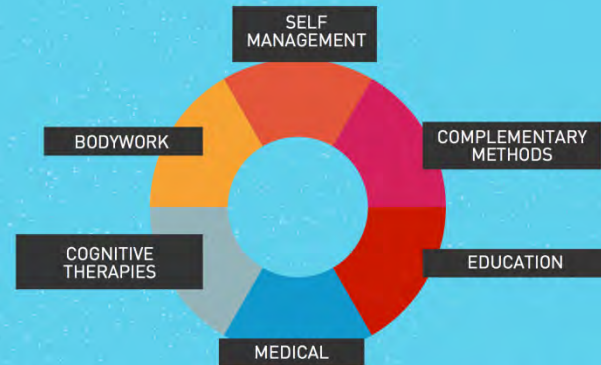
PATIENTS AND PROFESSIONALS ON HOW TO



11TH SEPTEMBER @ 18:30
SIGHTHILL HC

CHRONIC PAIN

What can I do about it?



LET'S WORK TOGETHER AND TACKLE IT



PLEASE JOIN US FOR AN INFORMATION EVENING
AT SIGHTHILL HEALTH CENTRE

11th SEPTEMBER 2018 @ 18:30

HAVE THE OPPORTUNITY TO ASK THE EXPERTS:
THE PAIN CLINIC CONSULTANT, SPECIALIST PHYSIOTHERAPIST &
PSYCHOLOGIST, PHYSICAL ACTIVITY MENTORS AND MANY OTHERS

SAFER PRESCRIBING

**IN SCOTLAND IN
2016, GABAPENTIN
OR PREGABALIN
WAS DETECTED IN
230 (20%) OF DRUG
RELATED DEATHS**

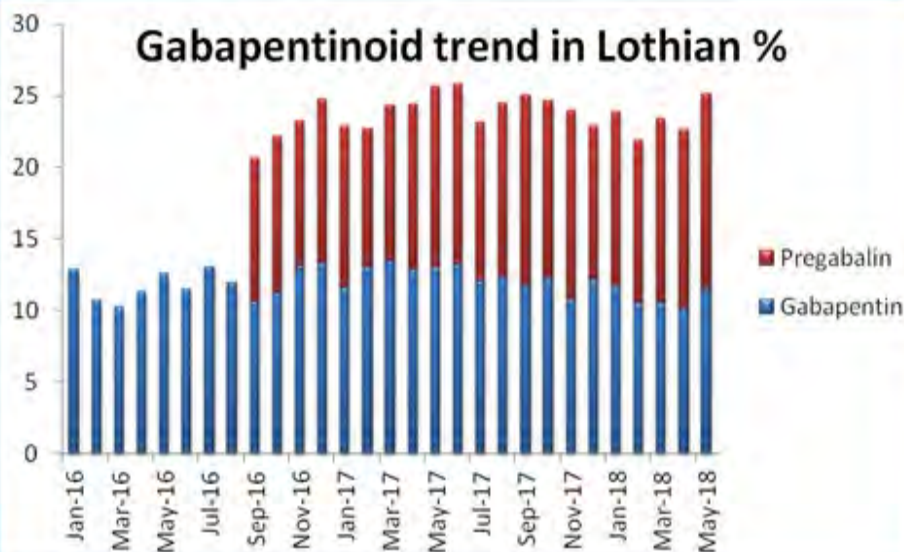
**GABAPENTIN &
PREGABALIN ARE
NOT LONG TERM
MEDICATIONS**

**TAKING
METHADONE OR
OTHER OPIATES
WITH GABAPENTIN
OR PREGABALIN IS
DANGEROUS**

**The number
of drug-
related
deaths linked
to pregabalin
has risen
2,675% in six
years.**

Sighthill green
medical
practice
patients: we
will be
reducing and
stopping
gabapentin
and pregabalin
scripts in all
patients at risk

Gabapentinoid trend in Lothian %



INNOVATIONS/IDEAS

- NALOXONE CLINIC
- TEST OF CHANGE FUNDING
- PRIMARY CARE PHARMACIST
- QI PROJECTS
- TRANSFORMATION & STABILITY FUNDING
- USING EXTENDED HOURS FOR GROUP CONSULTATIONS
- DRUG & ALCOHOL CPN
- INFORMATION EVENINGS
- PEER SUPPORT
- NON-STAT ORGANISATIONS- CGL
- PHYSICAL ACTIVITY MENTOR
- COMMUNITY ACTIVITY MENTOR
- RECOVERY CAFÉ

THANK YOU!

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