



AOTS 9. Shared Care: OST and your GP

Throughout your time with CADS your GP, pharmacist, AOTS doctor, key worker and other health professionals involved in your care will liaise and exchange information 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. For more info see *OST and You* p.21-22

The process of moving to Shared Care

- If your GP has not prescribed OST before 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
- The key worker will provide you and your GP with a treatment summary. This includes your dispensing arrangements, the key worker's contact details, and your treatment plan
- 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
- 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)

If you don't have a GP

Getting a GP is a priority. 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 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. Talk to other AOTS clients. You want to find a doctor who has a sound reputation as 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
- 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
- You may want to find a doctor close to where you live or it might be more convenient to choose one close to your work. For many people a doctor's gender 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 for the GP's practice that you're enrolled with
- "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:

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- www.procare.co.nz - search for a doctor by location. There's about 500 doctors in the Auckland region and some of them may offer Careplus subsidised rates
- 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 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:	
<ul style="list-style-type: none"> • 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) • 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 • Sign off authorisation for your GP to continue prescribing OST and any other controlled drugs you may be dependent on 	<ul style="list-style-type: none"> • Arrange any urine screens as discussed with you and your GP • Schedule an annual appointment with you. This is a mandatory appointment. 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:	
<ul style="list-style-type: none"> • 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 • See you regularly (usually every one to three months but must be at least 3 monthly) 	<ul style="list-style-type: none"> • Notify AOTS of any changes in dose or takeaway days or pharmacy and advise AOTS if they need help or advice • Practice according to National Guidelines and AOTS philosophy, policy and procedures
What you will need to do:	
<ul style="list-style-type: none"> • This is really important: keep an eye on the calendar! You need to know when your next script is due. 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 at your pharmacy! • Complete any clinical tests (urines, blood, etc.) as required • Pay your GP fees (Note: changing an existing script may cost you so do check all potential costs) 	<ul style="list-style-type: none"> • Attend your annual appointment with AOTS • 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 • 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
<p>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.</p>	

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