

# Innovative service for the management of Opiate related admissions to Acute Hospital

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## Introduction

The Liaison team at Royal Derby Hospital see a number of Opiate related admissions to hospital. There are multiple issues that arise when an opiate user is admitted to hospital such as continuation of substitute prescription, management of withdrawal symptoms, pain management and continuation of medication in the community.

The Liaison team have worked in conjunction with the Acute Trust, the Psychiatric Trust and Community drug services to produce a pathway for the effective management of patients with opiate related issues.

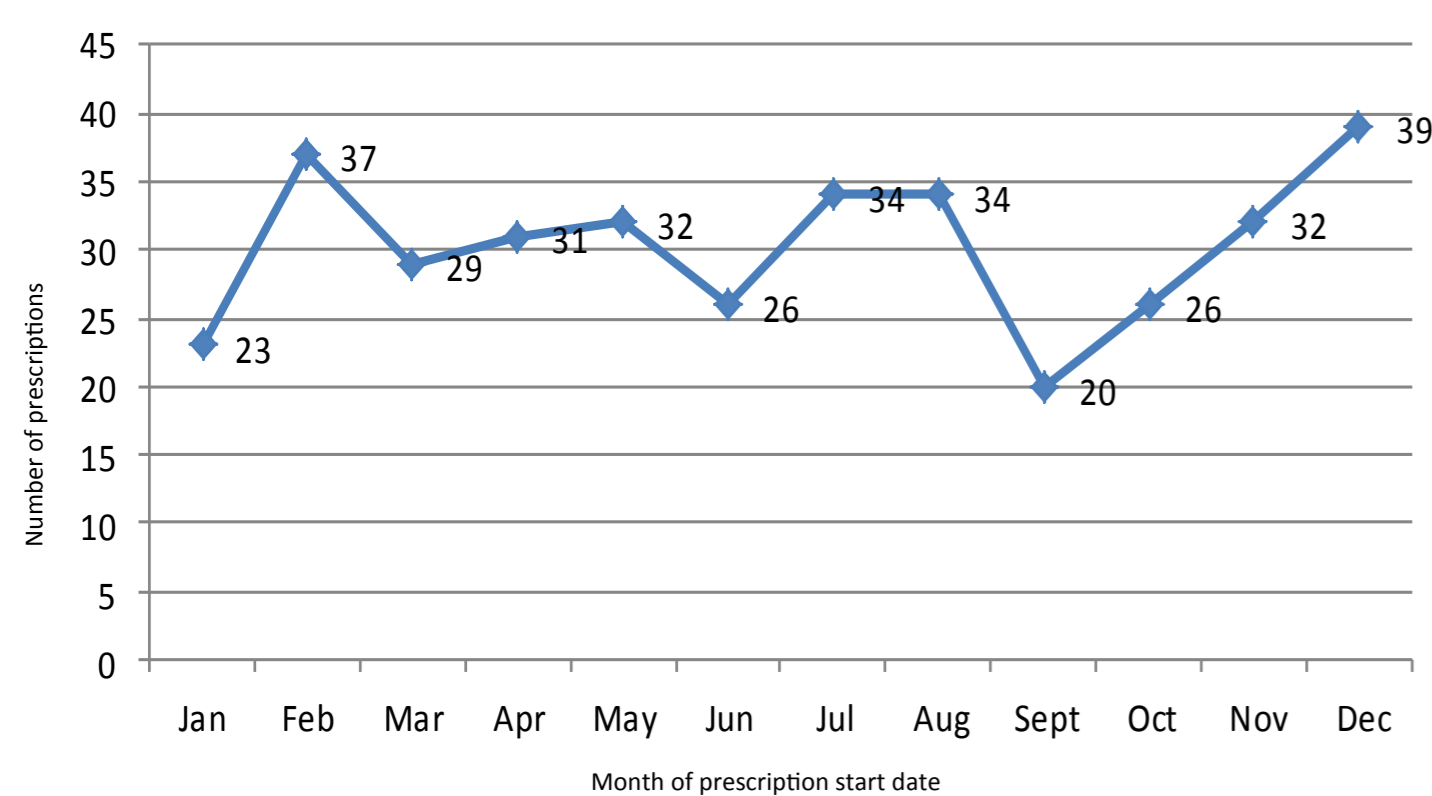
## Summary of current practice

Patients admitted to hospital with alcohol or drug related disorders are seen by the Liaison Team with regards to their alcohol or drug use. When opiate users are admitted, they are initially seen by the admitting speciality team for their medical needs. If the patients are already on an existing substitution programme, hospital pharmacist confirms the details of the prescription and advise the medical team to continue the prescription. The Liaison team is available for advice and to assess the patient if required. Those who are using opiates and are not on opiate substitution are seen by the Liaison Team as soon as possible to consider opiate substitution in hospital if necessary.

A list of patients prescribed methadone or buprenorphine in hospital in the last 24 hrs is populated electronically and emailed to the Liaison Team every day. A member of the Liaison Team sees the patient during hospital admissions for brief or extended brief interventions to ensure continuity of prescription, harm minimisation, motivation and engagement with services. Liaison team advises on discharge planning and ensures effective communication with community substance misuse services.

## Patient prescriptions in 2016

Figure 1. Number of patients prescribed in the groups of 'Methadone' or 'Buprenorphine' between Jan 2016—Dec 2016



The graph shows that there has been a steady increase in patients being prescribed drugs in the groups of Methadone or Buprenorphine (oral only) from Sept—Dec. The highest month in which patients were prescribed the drugs in the year 2016 was in December and closely reflects February 2016.

## Vignette

30 year old gentleman admitted to respiratory ward on with shortness of breath and confirmed to have pneumonia and was started on IV antibiotics. He is well known to community drug service previously for heroin use and was previously on 24 mg of Buprenorphine. He was imprisoned for acquisitive offences and was continued on Buprenorphine in prison which he stopped after release.

Since release from prison, he was using 4-5 bags heroin IV and 1-2 bags of cocaine IV/snorting on daily basis. He admitted to occasional cannabis, but denied use of alcohol or MCAT. His urine tested positive for opiates, Cocaine and cannabis. He was also started on codeine and Oromorph for pain relief.

He was reinitiated on Methadone 30mls once daily and was gradually increased to 40 mls in 4 days. Opiate analgesia was rationalised and stopped. He was discharged to a community drug service to continue the opiate substitution programme.

## Innovative Practice

The South Derbyshire Liaison Team are involved in a number of innovative practices to improve the care delivered to patients presenting with Opiate misuse problems.

### Local guidelines

The team have helped to develop local guidelines 'Royal Derby Hospital Opiate Misusers Policy' based on UK guidelines on clinical management of drug misuse and dependence.

This policy is used widely within the Trust and is jointly authored by:

- **Royal Derby Hospital;** *South Derbyshire Liaison Team's base.*
- **St Andrew's House;** *provides multiple services by Derbyshire Healthcare NHS Foundation Trust including Drug and Alcohol service and Early Intervention service.*



### Joint working

As well as developing the flowchart and local guidelines, the Liaison Team actively engage in other joint working to enhance the care they deliver to patients. Another aim of joint working is to bridge the gap between hospital and community drug services. This ensures that patients are receiving the care they need without falling through gaps of services.

The team also work closely with Pharmacy and regularly attend community meetings.



Close work with community services involves working with as Hostels and also the Police to identify issues which may impact on health/hospital admissions.

### Training

Training is available for all wards and departments and is delivered on request.

### Flowchart for Opiate misuse patients

A flowchart has been created by the South Derbyshire Liaison Team. It is descriptive and easy to follow and aims to ensure opiate related admissions are managed effectively, safely and without delay.

This flowchart has been placed on the Intranet for Acute Trust colleagues to use.

### Proactively seeking referrals

A daily list is produced of patients in the Royal Derby Hospital currently prescribed methadone and/or Buprenorphine produced to ensure effective inpatient management and a seamless transition to community services where needed.

Systems have also been put in place for effective management of patients presenting to hospital with Opiate related problems such as pharmacy checks, order list on ICM and the below flowchart being made available to the Acute Trust.

### Other innovative practice

- Early intervention to optimise treatment so that patients stay in hospital to complete treatment.
- Advanced discharge planning so that prescription is not disrupted.
- Personalised care plans in rare situations involving in decreased mobility such as amputation
- Audit and Feedback.
- Identification of frequent attenders to enable a proactive community approach.

## Challenges

- Delay in stating or continuing medication in hospital
- Inadequate or poor management of withdrawal symptoms
- Pain management
- Inadequate documentation on discharge summaries
- Continuation of medication in the community
- Lack of engagement from patient due to fear of consequences e.g. legal



## Future Directions

- A pharmacy led service— currently looking into the feasibility *This will ensure that patients receive a quicker service which is less complicated. A pharmacy led service also ensures that patients will receive a hospital prescription on discharge*
- Formalise opiate misuse training to acute staff
- Continue working with Community Teams to enhance services to patients who have opiate related admissions to hospital.

### Royal Derby Hospital Opiate misusers Flowchart: Guidance

