



Pioneer Scheme Day-release programme

Wednesday 29<sup>th</sup> March 2017

Horselethill Road, Glasgow

## Multiple exclusion/complex consultations

With Andrea Williamson

### Approaches to consultation

- How the patient behaves in the waiting room needs to be considered
- Overlap of attachment issues, complex trauma and personality disorder. Often difficult to differentiate until therapy; with complex trauma they should improve with therapy
- Some signposting tips for mentalisation ...“I am thinking...”
- Strategies in consultation – keep calm, sense of stillness, attunement to others/patients, considering if they want to offload or contain it
- Approach to safety issues ...“Have you thought you should inform the police...”  
Phrasing so they don't feel judged
- Patients can come with a story about the challenges in their life and ok to shutdown this narrative as not always helpful behaviour

### Supporting patients released from prison

- Since the prison service moved to an NHS contract, prisoners register with the GP within their prison and are deregistered from their previous GP practice.
- This provides patients with some better care with focus on Hep C treatment and continuity of care whilst in prison.
- However, there have been concerns that there is a discontinuity of care on release from prison with their previous GP, particularly for short sentences or frequent offenders.
- Whilst imprisoned there are some patients that are detoxed on a positive urine sample rather than titration of medications which goes against evidence based practice. This can result in lowered tolerance and therefore higher risk of overdose on release.
- There is guidance in the Orange Guidelines section 7.3.4 about release from prison ([http://www.nta.nhs.uk/uploads/clinical\\_guidelines\\_2007.pdf](http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf)).
- There are established links between Prison addictions and CAT. Shared care workers should be sent a discharge summary prior to release.
- The Fellows' experiences were that GPs were not necessarily sent the discharge letters.

- There is a Barlinnie hotline to call if requiring information about prescribing whilst imprisoned:
  - Health Centre: 0141 770 2054 (for general meds and info)
  - Addictions team: 0141 770 2104 (for ORT info)
- With regards to shared care drug clinics in primary care there are shared care visits to the practices to audit their clinics. Within the addiction services there are 4 tiers of staff with tier 4 being an addiction psychiatrist.
- Often when released at their first appointment with the GP they will need a Med3 to restart claims. These can be backdated if knows patient well. DWP advise including if homeless but check with the patient first before including this information.

### Patients with mental health and addiction issues

- If these 2 issues are present then ask for a mental health assessment when referring to their local CAT service.
- Be vigilant to drug seeking behaviour and the misuse of Gabapentin and Pregabalin in chronic pain issues.
- Patients that become homeless are now kept on by their CAT team to maintain the therapeutic relationship. However if they are fleeing violence then they go to the HAT or can't access their local CAT due to money issues/sofa surfing etc.
- Signposting patients to their local Recovery Hub. These are peer-led Hubs in conjunction with health and social care. There is one in each locality though it is early days and some are not up and running yet. They are supposed to be bespoke to the community needs – sports, cafe, yoga etc.

### Medically unexplained symptoms

RCGP and RCPsych joint guidance, produced in January 2011

[http://www.rcpsych.ac.uk/pdf/CHECKED%20MUS%20Guidance\\_A4\\_4pp\\_6.pdf](http://www.rcpsych.ac.uk/pdf/CHECKED%20MUS%20Guidance_A4_4pp_6.pdf)

#### Summary of key learning from morning's session

- Orange Guidelines: Drug Misuse and Guidance
- Can contact the prison to request a copy of the discharge summary if patient doesn't bring it
- Signposting to Recovery Hubs
- Strategies for managing complex consultation
- Consultation techniques in the MUS guidelines by RCGP and RCPsych