

Level 2 GP Contract for Care of Patients under the Methadone Protocol Scheme

This contract is made between Dr
(hereafter referred to as “the GP”) and theHSE.....
(hereafter referred to as “the Executive”), on the ...1st..... day of
.....

The GP agrees to provide Methadone treatment to patients referred to his/her practice by a GP co-ordinator or health Executive nominated co-ordinator of the programme or to patients whose treatment is initiated in the practice with the agreement of the GP coordinator or health executive nominated co-ordinator of the programme and to ensure continuity of care in relation to such treatment.

The GP will ensure that all patients treated by him/her are properly registered on the Central Methadone Treatment List.

The GP agrees that all treatment given including type of Methadone programme (dosage, detoxification supervision), dispensing arrangements, frequency of visits, and urinalysis will be guided by best practice guidelines as defined by the Irish College of General Practitioners (ICGP) Best Practice Committee for Methadone Prescribing.

The GP agrees to participate in regular audit as required by the ICGP/HSE Joint Review Group or such other review group as may be agreed by the ICGP and the Department of Health and Children and to follow any recommendations regarding practice made by such review group.

The GP agrees that no fees (except those paid by the Executive) will be charged to patients for methadone treatment.

The GP agrees to follow guidelines relating to numbers in treatment in his/her practice and location of practice as defined by the Methadone Protocol Implementation Committee.

The GP agrees to participate in Continuing Medical Education activities related to the field of addiction treatment to a level acceptable to the ICGP/HSE Joint Review Group or such other review group as may be agreed by the ICGP and the Department of Health and Children.

The GP agrees to provide premises suitable to a Level 2 practice as defined by the ICGP/HSE Joint Review Group or such other review group as may be agreed by the ICGP and the Department of Health and Children.

The GP agrees, where it is in the best clinical interest of the patient, to endeavour to transfer stabilised patients not originally from their own practice to a level 1 GP through the GP Co-ordinator or health Executive nominated co-ordinator of the programme, thus freeing places for stabilising others.

Where the ICGP/HSE Joint Review Group or such other review group as may be agreed by the ICGP and the Department of Health and Children decides that it is preferable in terms of providing a satisfactory level of service, the GP agrees to transfer any patient to a Treatment Centre within two weeks of a request from the GP Co-ordinator.

The GP agrees to complete and return to the Health Research Board National Drug Treatment Reporting System (NDTRS) forms within a timeframe as set down by the Health Research Board and any other information deemed necessary by the ICGP/HSE Joint Review Group Committee or such other review group as may be agreed by the ICGP with the Department of Health and Children.

The Executive recognises that the treatment provided by GPs within a primary care setting under the Methadone Protocol is an important part of the wider holistic care to individuals involved in drugs use and in this context the Executive agrees to provide support services to the GP comprising;

- GP Co-ordinator service or health Executive nominated co-ordinator of the programme.
- Urinalysis testing, either by laboratory testing (including supervision facilities and courier collection service) or providing dip stick testing units.
- Allowances for practice nurses as agreed with IMO and laid down in a memorandum of understanding.
- Retransfer of destabilised or dangerous patient (to be decided by the treating GP) back to a Treatment Clinic within 24 hours on request to the GP Co-ordinator or health Executive nominated co-ordinator of the programme.

The Executive agrees to pay the GP a designated fee per month per client treated under the Methadone Treatment Scheme. Increases under National Wage Agreements will apply in the normal way.

Payment will be on a monthly basis and will be made from the date of initial assessment of the patient by the GP. In the event of a patient not entering treatment after assessment, the GP will be paid the equivalent of two weeks treatment fees. This may be verified by the GP Co-ordinator or health Executive nominated co-ordinator of the programme.

The Executive agrees that payment will be made by the Primary Care Reimbursement Service (PCRS) on the next monthly payment date, one month after submission of a patient signed acknowledgement of service is received from the GP.

The PCRS will provide the GP with monthly itemised accounts of payments detailing fees paid in respect of each patient treated.

After a successful detoxification the GP may keep a patient in treatment and continue to be paid for a period of one month without prescription to continue urinalysis testing and support successful progression to rehabilitation services. This period must be validated by the GP Coordinator or the health Executive nominated co-ordinator of the programme.

The Executive agrees to pay for up to 5 days study leave for relevant ICGP approved courses in the management of opiate addiction.

The Executive agrees to pay for one day per annum in respect of practice nurses' attendance at training in the management of opiate addiction.

on behalf of the Executive

GP

Date: